

# **Spindle City Ballet**

## **Audition Form**

**(Please Print)**

**Audition # \_\_\_\_\_**

**-For Office Use Only-**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail contact \_\_\_\_\_

Facebook contact \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Training: (Include name of studio, teachers, disciplines studied and number of years of study)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What school does your child attend? \_\_\_\_\_

If the Dancer is under 18, Please fill out the following guardian information.

Guardian Name: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_ Guardian's

Work Phone: \_\_\_\_\_ Guardian's Cell Phone: \_\_\_\_\_

What newspaper(s) does your family read? \_\_\_\_\_

How did you hear about this audition? \_\_\_\_\_

**Please submit a full body length 4x6 photo of your child/self in tendu second position in complete ballet attire and make sure that all sections of this audition form are filled out completely and correctly. Please mail or deliver this registration form, the photo and a check for the correct amount based on mailing/drop off date made out to Spindle City Ballet to:**

**Spindle City Ballet  
288 Plymouth Avenue  
Fall River, MA 02721**

**Please note: All audition fees are non-refundable and no registration is considered complete until all required items requested have been received by Spindle City Ballet.**

