

Spindle City Ballet

Audition Form

(Please Print)

Audition # _____

-For Office Use Only-

Name: _____

Address: _____ City, State, Zip _____

Home Phone # _____ Cell Phone # _____

E-mail 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.

