

Audition #
-For Office Use Only-

Spindle City Ballet
Pre-Registration Audition Form
(Please Print)

Name:

Address:

Home Phone #

Cell Phone #

Age _____ Date of Birth: _____ Height _____ Weight: _____

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

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:

E-mail Address:

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 complete ballet attire.
Please mail this pre-registration form and a check for \$25 made out to the Spindle City Ballet to:

Spindle City Ballet
288 Plymouth Avenue
Fall River, MA 02721

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