

Spindle City Ballet
Pre-Registration 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)

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. 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

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

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