



Competitive Program Audition Form

(A) General Information (Please Print)

First Name: _____ Last Name: _____

Address: _____

City: _____

Postal Code: _____

Date of Birth (dd/mm/yy) _____ Age: _____

Parent/Guardian's Name (Please Print)

First Name: _____ Last Name: _____

Phone Number #1: _____ Phone Number #2: _____

E-mail: _____

(B) What is your dance experience level?

of Years in Training:

(C) About my training

Ballet Method Studied:

Current or most recent dance school name:

Dance School City and Province/State:

City _____ State / Province / Region _____

Check all the styles your dancer is trained in:

- ☐ Ballet
- ☐ Jazz
- ☐ Contemporary/Lyrical
- ☐ Character
- ☐ Pas de deux

AUDITION FEE

The cost to audition is \$35 per dancer. Please submit this payment via e-transfer to bsbballet@gmail.com or pay in person. This fee goes directly towards our annual gala performance.



Schedule

Tuesday, January 9th	Thursday, January 11th	Friday, January 12th
AGE 13 & UP CLASS 7:30 PM-9:30 PM	AGE 13 & UP CLASS 7:30 PM-9:30 PM	AGE 13 & UP CLASS 7:30 PM-9:30 PM POINTE

Tuesday, January 16th	Thursday, January 18th	Friday, January 19th
AGE 13 & UP CLASS 7:30 PM-9:30 PM	AGE 13 & UP CLASS 7:30 PM-9:30 PM	AGE 13 & UP CLASS 7:30 PM-9:30 PM POINTE

Tuesday, January 23th	Thursday, January 25th	Friday, January 26st
AGE 13 & UP CLASS 7:30 PM-9:30 PM	AGE 13 & UP CLASS 7:30 PM-9:30 PM	AGE 13 & UP CLASS 7:30 PM-9:30 PM POINTE

(D) What to wear/bring

- Fitted dance clothing
- Hair pulled back securely out of the face
- Ballet soft shoes
- Pointe shoes
- Water
- Completed/signed audition form
- \$35 audition fee (if not already paid via e-transfer)

(E) Agreement

I, the undersigned, hereby acknowledge and consent to all policies outlined in the '**BSB Policies**' available on bayviewballet.com under the '**About**' section.

Date: _____

Student's First Name: _____ Student's Last Name: _____
(Please Print)

Applicant's Signature: _____

Print Name Clearly: _____