



Advanced Competitive Group Audition Form

(A) General Information (Please Print)

First Name: _____ Last Name: _____

Address: _____

City: _____

Postal Code: _____

Parent/Guardian's Name

First Name: _____ Last Name: _____

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

E-mail: _____

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

(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, November 8th	Thursday, November 10th	Friday, November 11th (Mandatory)
AGE 13 & UP CLASS 8PM-9:30PM	AGE 13 & UP CLASS 8PM-9:30PM	AGE 13 & UP CLASS 7:30PM-8:30PM POINTE
Tuesday, November 15th	Thursday, November 17th	Friday, November 18th (Mandatory)
AGE 13 & UP CLASS 8PM-9:30PM	AGE 13 & UP CLASS 8PM-9:30PM	AGE 13 & UP CLASS 7:30PM-8:30PM POINTE
Tuesday, November 22nd	Thursday, November 24th	Friday, November 25th (Mandatory)
AGE 13 & UP CLASS 8PM-9:30PM	AGE 13 & UP CLASS 8PM-9:30PM	AGE 13 & UP CLASS 7:30PM-8:30PM POINTE

(D) What to wear/bring

- Fitted dance clothing
- Hair pulled back securely out of 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, understand that Bayview School of Ballet Inc. does not assume or accept liability for expenses resulting from injuries sustained in any school activity whatsoever, whether on or off school premises.

Date: _____

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

Applicant's Signature: _____

Print Name Clearly: _____