

**Bayview School of Ballet Inc.**  
**Audition Form**  
**Advanced Competitive Group**

---

**(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:

\_\_\_\_\_

\_\_\_\_\_

Dance school contact name:

\_\_\_\_\_

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](mailto:bsbballet@gmail.com) or pay in person. This fee goes directly towards our annual gala performance.**

### Audition Schedule

<b>Monday, September 12th</b>	<b>Wednesday, September 14th</b>	<b>Friday, September 16th (Mandatory)</b>
<b>AGE 13 &amp; UP CLASS 6PM-7:30PM</b>	<b>AGE 13 &amp; UP CLASS 6PM-7:30PM</b>	<b>AGE 13 &amp; UP CLASS 6PM-7:30PM POINTE</b>

<b>Monday, September 19th</b>	<b>Wednesday, September 21st</b>	<b>Friday, September 23rd (Mandatory)</b>
<b>AGE 13 &amp; UP CLASS 6PM-7:30PM</b>	<b>AGE 13 &amp; UP CLASS 6PM-7:30PM</b>	<b>AGE 13 &amp; UP CLASS 6PM-7:30PM POINTE</b>

<b>Monday, September 26th</b>	<b>Wednesday, September 28th</b>	<b>Friday, September 30th (Mandatory)</b>
<b>AGE 13 &amp; UP CLASS 6PM-7:30PM</b>	<b>AGE 13 &amp; UP CLASS 6PM-7:30PM</b>	<b>AGE 13 &amp; UP CLASS 6PM-7:30PM POINTE</b>

**(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 \_\_\_\_\_

*(Please print)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Print Name clearly \_\_\_\_\_