



Audition Fee Paid:

Cash/ Check/ CC

NOBT Summer Intensive 2018 Audition Registration

Dancer's Name: _____ Age _____
Birthdate: ____ / ____ / ____

Dancers 18 and under: Parent/ Guardians Names: _____

Address: _____
City: _____ State: _____ Zip: _____

Phone Numbers:

Dancers under 18: Parent and Guardian numbers only. For dancers old enough to drive themselves to rehearsal, their cell can be an alternate phone number.

| | | |
|-----------|------|------------|
| Primary | Name | Number () |
| Alternate | Name | Number () |

Email for the responsible party. Please write clearly! Dancers under 18: Please list only the responsible adult who keeps the dancer's calendar of events. Auditions results and information will be sent by email.

Email: _____

Please provide the following:

Previous Dance Experience
(Number of years, styles, name of school, etc)

Years on Pointe (if applicable)

Signed: _____
Parent/ Legal Guardian for Dancers under 18

Date: _____

Do Not Write Below This Line

Director Comments: