



ALBERTA BALLET COMPANY
THE NUTCRACKER
 AUDITION FORM 2018

FOR OFFICE USE ONLY
Received: _____
Candidate #: _____
Act 1: _____
Act 2: _____

Any student wishing to audition for Alberta Ballet Company's *The Nutcracker* **must pre-register**. Registrations at the door will not be accepted. There is no fee to participate in this audition. The audition will take place on Sunday, September 30, 2018 from 11:00-3:00pm at The School of Dance (200 Crichton Street, Ottawa).

DEADLINE FOR PRE-REGISTRATION: Thursday, September 27, 2018 at 5pm. NO EXCEPTIONS. Send the completed form to aide@theschoolofdance.ca.

PLEASE PRINT

Completed and submitted by _____ on _____, 2018

STUDENT LAST NAME: _____ STUDENT FIRST NAME: _____

BIRTH DATE: _____ M / F AGE (at time of audition): _____
Month/Day/Year
 **Dancers must be 8 as of Nov. 26/18

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ HOME #: _____

PARENT/GUARDIAN E-MAIL(to be used for Nutcracker communications): _____

MEDICAL INSURANCE# and/or OHIP#: _____

OTHER MEDICAL INFORMATION TO BE KEPT ON FILE: _____

HEIGHT(feet and inches): _____ WEIGHT(lbs): _____ CHEST: _____ WAIST: _____ HIP: _____

T-SHIRT SIZE (circle one): Child S M L / Adult S M L

BALLET SLIPPER MAKE AND SIZE: _____ STREET SHOE SIZE: _____

ACADEMIC SCHOOL: _____

PARENT/ GUARDIAN: _____ RELATIONSHIP: _____

HOME#: _____ BUSINESS#: _____ MOBILE#: _____

PARENT/ GUARDIAN: _____ RELATIONSHIP: _____

HOME#: _____ BUSINESS#: _____ MOBILE#: _____

CURRENT DANCE SCHOOL: _____ BALLET TEACHER'S NAME: _____

YEARS OF TRAINING: _____ PRESENT BALLET LEVEL: _____

PREVIOUS EXPERIENCE IN ALBERTA BALLET'S NUTCRACKER: YES / NO (please circle)

IF YES PLEASE WRITE DOWN WHICH ROLE/YEAR: _____

Check here if you would like to receive an electronic copy of your child's audition photo (please provide email above).

Parent/ Guardian signature

Date