



BALLET AUDITION FORM

March 24, 2018

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Ottawa ON K1M 1W2

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admin@theschoolofdance.ca

ADMINISTRATION
CODE: _____
AUDITION #: _____
\$25 FEE: _____
PHOTO: _____
DATE RCVD: _____
INITIAL: _____

Last Name: _____ First Name: _____

Date of Birth: _____ Age (as of March 24, 2018): _____

Home Address: _____

City

Province

Postal Code

Home Telephone: _____ Cell Phone: _____

Email Address: _____

Parent's Name: _____

Parent's Signature (if under 18 yrs): _____

Date: _____

Training Background:

\$25 Audition Fee

Payment Method:

- Cash Debit
- Cheque VISA / MasterCard

M/C or Visa # _____ Expiry Date _____

Name on Card _____