



AUDITION REGISTRATION FORM 2024-25

200 Crichton Street
Ottawa, Ontario K1M 1W2
Phone: 613-238-7838
Fax: 613-238-7839
sylviedesrosiers@theschoolofdance.ca

CODE: CDP

Last Name: _____ First Name: _____

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

Home Address: _____

City/Province

Postal Code

Home Phone: _____

Cell Phone : _____

Email Address: _____

Signature : _____

(Guardian signature if under 18 years old)

Date: _____

Select Audition Date: Sunday, March 3, 2024

Monday, August 19, 2024

Other; Halifax, Truro or Sudbury

Check list:

Resumé

2 Letters of Recommendation

High School Diploma and Transcript

Birth Certificate

Photograph

Medical Information (written by candidate)

(allergies, illnesses, mental health matters, history of/any ongoing injuries, etc.)

\$75 Audition Fee

(cheque, MasterCard, VISA or AMEX)

MasterCard/VISA/AMEX #: _____

Expiry Date: _____

Name on Card: _____