

Arizona Youth Ballet
Company Audition Registration Form

Audition Date: _____

Dancer Information

Name: _____ DOB: _____ School: _____

Address: _____

Phone: _____

Dancer's
Email: _____

Dance
Experience: _____

Home
Studio: _____ Main Instructor: _____

On Pointe? _____ If yes, years experience on pointe: _____

Leotard or Male Shirt
size YXS YS YM YL YXL AS AM AL AXL

T-Shirt Sizes Available YXS YS YM YL YXL AS AM AL AXL

Circle correct t-shirt size for the dancer. If size is not chosen, dancer will be given Adult Medium

Parents Information

Parent's
Names: _____

Address: _____

If same as above, indicate SAA

Home Phone: _____

Dancer's
Cell Phone: _____

Mom's Cell
Phone: _____

Dad's Cell
Phone: _____

Email

Dancer: _____

Mom: _____

Dad: _____

By submitting this form, I agree on my/my dancers behalf that Arizona Youth Ballet, or it's authorized agents, may photograph and/or videotape myself/my performer in company sponsored activities, classes and events. I hereby acknowledge and consent to the use of my/my performers name, voice, photograph, video and/or likeness on the Arizona Youth Ballet website, social media and all advertising, marketing and instructional materials.

Audition Fee: _____	Company Use Method of payment: _____
Dancer #: _____	