

Arizona Youth Ballet
Nutcracker 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: _____

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

List 3 favorite roles you would be interested in: _____

Is Dancer willing to accept any and all parts potentially offered by AzYB? _____

Parents Information

Parents'
Names: _____
Address: _____
If same as above, indicate SAA
Home Phone: _____
Mom's Cell
Phone: _____
Dad's Cell
Phone: _____
Email
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.

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