NUTCRACKER 2019 AUDITION FORM

DANCERS NAME:		AGE: _	BIRTHI	DATE:
ADDRESS:				
PARENT'S NAMES:				
HOME PHONE: E-MAIL ADDRESS:				
DANCER'S HEIGHT: SCHOOL:				
HOMETOWN NEWSPAPE				
1.) Please explain your dance training been involved in?		NAL REQUIRED INFO		g? What productions have you
2.) Please list all current extra-curri				become involved in for Fall 2019.
3.) Please list any scheduled family				
Dancers must be available for all so production. Please initial to confirm				est interest of the student and the
Every Sunday from September 15-N	November 17	November 16-21	November	22, 23, 24
Please indicate unisex t-shirt size for	or cast t-shirt:			
By signing below, I give my consequences.	ent for my dancer's	photo/video to be used	1 by BDE for marketin	ng, promotional, and/or archival
Dancer's Signature:		D	ate:	
Parent's Signature:		D	ate:	
\$20 Fee Paid				

Audition forms can be returned in advance to the BDE office, or they can be turned in at the audition. Please arrive 30-40 minutes in advance of your scheduled audition time. Thank you!