



HAMILTON ACADEMY OF PERFORMING ARTS

Academic • Ballet • Drama • Music • Vocal

AUDITION REGISTRATION FORM

Please complete the following information and include payment with this form.

International Student:

Professional Program:

Audition in Person:

Audition by DVD:

First Name _____ Family Name _____

Date of Birth (dd/mm/yy) _____ Age _____ Male / Female

Home address: _____ City _____

Province _____ Country _____ Postal Code _____

Home phone number _____ Health Card No _____

Previous Ballet Training: _____ No. of Years _____

Senior Ballet Intensive Program ~ Session 1 ____ Session 2 ____ DATE: _____

Day Camp ____ Overnight Camp (Monday-Friday) ____ Overnight Camp (7 nights) ____

Allergies/Medical problems/Past injuries _____

Parent /Guardian Information

First Name Family Name Relationship

Home phone _____ Cell number _____

Work phone _____ EMail _____

Payment \$35.00 Fee: Money Order _____ Certified Cheque _____ Cash _____

For office use:

Payment received: _____ Amount: _____ Cheque/Money Order no: _____

Comments: _____