



HAMILTON ACADEMY OF PERFORMING ARTS

Academic • Ballet • Drama • Music • Vocal

Ballet Intensive Summer Camp

AUDITION REGISTRATION FORM

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

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 number _____ Cell number _____

Work phone number _____ E-mail _____

Form of payment \$30.00 Audition Fee: Cash _____ Cheque (Payable to HAPA) _____

For office use:

Payment received: _____ Amount: _____ Cash/Cheque no: _____

Comments: _____