



HAMILTON ACADEMY OF PERFORMING ARTS

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 _____ Gender _____

Home address: _____ City _____

Province _____ Country _____ Postal Code _____

Home phone number _____ Health Card No _____

Previous Ballet Training: _____ No. of Years _____

Senior Ballet Intensive Program ~ Week 1 _____ Week 2 _____ Week 3 _____

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) _____ E-Transfer to: info.hapa@gmail.com _____

For office use only:

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

Comments: _____