



# 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: Session 1: July 7 to 18 \_\_\_ / Session 2: July 21 to Aug. 1 \_\_\_

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: \_\_\_\_\_