

Ballet Frontier of Texas, Inc.
Nutcracker Audition

Saturday, August 29, 2009

Audition #: _____

STUDENT INFORMATION

Student Name: _____ Nickname: _____

Birthdate (m/d/y): _____ Age: _____ Grade: _____

Height: _____ Leotard Size: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Primary E-mail: _____

PARENT INFORMATION

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

EXPERIENCE (# of years):

Ballet: _____ Pointe: _____

Ballet School: _____

Other: _____

EMERGENCY CONTACTS

Name: _____ Phone: _____

Name: _____ Phone: _____

This Form must be signed and returned prior to audition

I hereby release Ballet Frontier of Texas, Inc., its, agents and employees, from all liability for personal injury, theft or property damage occurring on or off the Schools premises, whether or not caused by the negligence of Ballet Frontier of Texas, Inc

Also,

I hereby give permission to Ballet Frontier of Texas, Inc. to use photographs taken in conjunction with The Nutcracker auditions for promotional purposes.

Signature: _____ Date: _____

Parent/guardian signature (if student is under age 18)

A non-refundable audition fee of \$20 is due at the time of audition

Please make checks payable to **Ballet Frontier of Texas, Inc.**

Payment: _____ Check#: _____ Cash: _____