

Audition Application 2017



I am auditioning for the:

- BBT Main Program**
ages 12 + up, pre-professional
- The Choreographic Project**
ages 15 + up, with choreographic experience
- Intermediate Program**
ages 10 – 12, intermediate level, no pointe work
- The Edinburgh Connection**
requires 4 weeks in VT and 2 weeks abroad

Please print clearly. This information is needed to contact you after the audition.

Date: _____ City/Studio of Audition: _____

Dancer's Name: _____

Age at Audition: _____ Date of Birth: _____ Sex: _____ Height: _____ Weight: _____

Years Serious Training: _____ # Classes Per Week _____ Pointe? _____ How long?: _____

Present Ballet School: _____ How did you hear about us? _____

Home Address: _____

City/State/Zip: _____ Home Phone #: _____

Dancer's Email: _____ Dancer's Cell: _____

Parent #1 Name: _____

Parent #1 Email: _____ Parent #1 Cell: _____

Parent #2 Name: _____

Parent #2 Email: _____ Parent #2 Cell: _____

I, the parent or legal guardian of the aforesaid student, agree on behalf of myself and said student not to hold Burklyn Ballet Theatre Inc., or the studio in which Burklyn Ballet Theatre holds its audition, the directors, faculty members or employees of either, liable for injuries or illness contracted while auditioning for Burklyn Ballet Theatre, The Intermediate Program, the Edinburgh Connection, and/or the Choreographic Project. I grant permission to Burklyn Ballet Theatre to use and display any photographs of this audition for commercial or non-commercial use. I also grant permission to Angela Whitehill, Founding Artistic Director of Burklyn Ballet Theatre, to use and display any photographs in any future publication, videos or books she might write.

Dancer: Sign & Date: _____

Parent: Sign & Date: _____
or responsible adult if parent is not with student at the audition) Relationship: _____

Mailing Address: P.O. Box 923 | Denville, NJ 07834 | 1.877.287.5596 | burklynballet.com

Do not write in this area. For BBT use only.

Number: _____

Payment: \$30 CH or CK# _____

ACCEPT:	Yes	No		
Program:	BBT	INT	TCP	EC
Scholarship:	\$500	\$250		
	\$200	\$150		
	\$100			
Alternate Scholarship:	Yes \$ _____	No		
Performing Ability:	Excellent	Good	Fair	
Technique:	1	2	3	4
	5	6	7	8
	9	10		
Pointe Work:	1	2	3	4
	5	6	7	8
	9	10		
Men's Technique:	1	2	3	4
	5	6	7	8
	9	10		

Additional Comments:

Send counselor information: YES NO
Send junior counselor information: YES NO

Edinburgh Connection: Please complete if interested in this opportunity:

- 1.) Do you have a passport? _____
- 2.) Have you flown on a plane? _____
- 3.) Do you think your parents would like to chaperone? _____
- 4.) How would you feel if they were to chaperone? _____
- 5.) Have you ever performed everyday for a week? _____