

Ballet Theatre I am aud	Number:	Number:			
□ BBT Main Program	☐ The Choreographic Project	Payment: \$30 CASH	or CK	#	
ages 12 + up, pre-professional	ages 15 + up, with choreographic experience	ACCEPT:	Yes	No	
□ Intermediate Program ages 10 – 12, intermediate level, no pointe work	☐ The Edinburgh Connection requires 4 weeks in VT and 2 weeks abroad	Program:	BBT INT	TCP	EC
*see questions below Please print clearly. This information is needed to contact you after the audition.		Scholarship:	\$500 \$200	\$250 \$150	
Date:City/Studio of Audit	ion:		\$100		
Dancer's Name:	Age at Audition:	Alternate Scholarship:	Yes \$	No	
DOB:# Years Serious	Training:#Hrs Dance Per Week:	Performing Ability:	Excellent	Good	Fair
Pointe: Y or N How long?:Prese	Technique:	1 2 3 4 5	6 7 8 9	10	
Home Address:	City:	Pointe Work:	1 2 3 4 5	6 7 8 9	10
State:How did you hea	ar about us?	Men's Technique: Additional Comments:		6 7 8 9	10
Dancer's Email:	Dancer's Cell:				
Parent Name:					
Parent Email:	Parent Cell:				
I, the parent or legal guardian of the aforesaid student, agree on behalf in which Burklyn Ballet Theatre holds its audition, the directors, facult auditioning for Burklyn Ballet Theatre, The Intermediate Program, the Burklyn Ballet Theatre to use and display any photographs of this audi Whitehill, Founding Artistic Director of Burklyn Ballet Theatre, to use might write. Dancer: Sign & Date:	ty members or employees of either, liable for injuries or illness contract Edinburgh Connection, and/or the Choreographic Project. I grant per tion for commercial or non-commercial use. I also grant permission to and display any photographs in any future publication, videos or book	eted while mission to o Angela			
Parent: Sign & Date:		Send counselor information Send junior counselor in		YES YES	NO NO
or responsible adult if parent is not with student at the au	ndition) Relationship:			-	
*Edinburgh Connection Please complete	if interested in this opportunity:				
1.) Do you have a passport? 2.) Have	ve you flown on a plane? 3.) Do you	think your parents would like to c	haperone?		
4.) How would you feel if they were to chaperone	? 5.) Have yo	ou ever performed everyday for a v	week?		

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