

Audition Application 2026

I am auditioning for the:

□ BBT Main Program ages 12 + up, pre-professional	☐ The Choreographic Project ages 15 + up, with choreographic experience
□ Young Men's Program	□ Intermediate II Program
ages 10 – 14, intermediate level	ages 12 – 14, intermediate level, Pointe not required
☐ Intermediate Program ages 10 – 12, intermediate level, no pointe work	ages 12 17, uner meanaite teres, 1 outile not required
Please print clearly. This information is needed to contact you after the audition.	
Date:City & Studio of Aud	ition:
Dancer's Name:	Age at Audition:
DOB:Sex:Preferred Gend	er Pronoun:# Years Serious Training:
#Hrs Dance Per Week:Pointe: Y or N How	long?:Present Ballet School:
Home Address:	City:
State:Zip:How did you hea	r about us?
Dancer's Email:	Dancer's Cell:
Parent Name:	
Parent Email:	Parent Cell:
in which Burklyn Ballet Theatre holds its audition, the directors, faculty auditioning for Burklyn Ballet Theatre, The Intermediate Program, the l Burklyn Ballet Theatre to use and display any photographs of this audit	of myself and said student not to hold Burklyn Ballet Theatre Inc., or the studio of members or employees of either, liable for injuries or illness contracted while Edinburgh Connection, and/or the Choreographic Project. I grant permission to ion for commercial or non-commercial use. I also grant permission to Angela and display any photographs in any future publication, videos or books she
Parent: Sign & Date: or responsible adult if parent is not with student at the aud	dition) Relationship:

Do not write in this area. For BBT use only.		
Number:		
Payment: CASH	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: Additional Comments:	1 2 3 4 5 6 7 8 9 10	
Send counselor informations		