

THE SCHOOL OF
BALLET
ARIZONA

CARLOS VALCÁRCEL SCHOOL DIRECTOR

Summer Intensive 2017 Audition Form

Thank you for auditioning for the School of Ballet Arizona's Summer Program. Please submit two photos (a headshot and a full body shot in first arabesque) with this form. You will be notified via email of the results of the audition within two weeks. Please understand that there are many factors that go into deciding whom to accept and we cannot guarantee acceptance for all applicants.

Audition City _____ **Date** _____ **Audition Number** _____

Please consider me for (check all that apply):

- Summer Intensive: June 12 – July 21, 2017
- Professional Program for 2017.18 Season
- Studio Company for 2017.18 Season*

*Student must attend the Summer Intensive to be considered for the Studio Company

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell _____

Parent's Name _____

Age _____ Birth Date _____ Grade in School _____ Sex _____ Height _____ Weight _____

Number of Years Studying Ballet _____

Current Number of Ballet Classes Attending Per Week _____

Have you auditioned for the SBAZ Summer Intensive previously? _____

Were you accepted? _____

If you have attended the SBAZ Summer Intensive previously, what level were you in? _____

Previous Training (List ballet schools & teachers):

\$35 Audition Fee: Cash _____ Check _____ (payable to SBAZ)

Office Use Only – Do Not Write Below This Line

\$35 Audition Fee Paid _____ Cash _____ Check _____

Accepted _____ Not Accepted _____

Full Scholarship _____ Partial Scholarship _____ % Email Sent _____ Date _____

Notes _____