BALLET ARIZONA'S



2023 Registration Form		Ballet Arizona Use Only HEIGHT: AUDITION #: SBAZ: ASA: OPEN: ADMIN:	
PLEASE PRINT CLEARLY!!!		Years of Dance	
DANCERS NAME:		DOB:	AGE:
FEMALE: M.	ALE:		
PARENT OR GUARDIA	N'S NAME:		
CELL PHONE: E-MAIL:			
EMERGENCY CONTAC	CT:		
1.	PHONE:	RELATIONSHIP:	
2	PHONE:	RELATIONSHIP:	
Please indicate if you have	e a sibling auditioning:		
	Auditio	on Injury Waiver	
understanding that I am her	reby waiving and releasing I	nt and am participating in these auditions used allet Arizona from and against any and alconduct on the part of Ballet Arizona.	
Sig	enature of parent or quardian	Date	