Number YCS

Howard County Ballet Wizard Of Oz and Young Choreographers Showcase

Audition Application and Dancer Information

_____ _____ _____
Dancer's name Age DOB

_____ _____
Parent's name (for all dancers under 18) phone #

_____ _____ _____
Street address City State

_____ _____
Zip code email address

Rehearsal conflict dates (no more than 2 excused absences permitted): _____

Current school of dance _____ Level _____

Please describe your dance training (name of schools, past and present; number of years)

_____
_____
_____
_____
_____
_____

Please describe your performance experience

_____
_____
_____
_____
_____
_____

I hereby understand and agree that all rehearsals shall be undertaken by me at my sole risk and that Howard County Ballet Inc., shall not be responsible for any loss or damage resulting from any property damage or personal injury arising out of or connected with my use of the facilities at, or participation in the classes, rehearsals, or programs. ***Fees paid are non-refundable.***

_____ _____ _____
Registrant's Signature Parent Signature (if under 21) Date

HCB use only

$15 Audition fee _____ Method _____ Date paid_____

Performance fee _____ Method _____ Date paid _____