

# MILWAUKEE BALLET SCHOOL & ACADEMY

Audition Number: \_\_\_\_\_

## 2024 Pre-Professional Program Audition Registration Form

Please submit your resume and photos (headshot and first arabesque) with this form. Label each photo with your name.

**Please print all information clearly. Illegible handwriting can delay the results of your audition.**

Audition Date: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

*\*\*\*required if under age 18 - audition results will be sent via email to this address\*\*\**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student Email (optional): \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Training Information

How many years? Ballet: \_\_\_\_\_ Pointe: \_\_\_\_\_ Modern: \_\_\_\_\_ Jazz: \_\_\_\_\_

Current Dance School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

What academic grade are you presently attending? \_\_\_\_\_

Did you receive placement for the 2024 Summer Intensive Program? Circle: Yes, Tech Level \_\_\_\_\_ No

*I hereby release the Milwaukee Ballet School & Academy or Milwaukee Ballet Company from all liability for personal injury or illness while at the School/Company audition. I understand that the Milwaukee Ballet Company Inc. is a Wisconsin corporation and accordingly complies with rules established with the state of Wisconsin. I certify that I am in good health and am capable of participating in the audition procedures.*

Student Signature or Parent/Guardian Signature, if student is under 18 years of age:

Sign \_\_\_\_\_ Date \_\_\_\_\_