



AUDITION FORM

Daytime Program

STUDENT INFORMATION

First Name: _____ Last Name: _____

Gender: _____ Birthdate: _____ Age: _____ Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Student Cell: (_____) _____

AUDITION RESULTS WILL BE SENT BY EMAIL

Please clearly print **one** email address to receive results: _____

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Cell: (_____) _____ Email (*if different from above*): _____

TRAINING EXPERIENCE

Current Dance School: _____

Years of Ballet Study: _____ Ballet Classes Per Week: _____ Years on Pointe (*if applicable*): _____

Have you ever attended a Summer Intensive at KCBS? Yes No

If yes, please list year(s): _____

Other summer programs attended: _____

How did you first learn about Kansas City Ballet School's Daytime Program? Please check one (main source).

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