

Audition # _____

BATON ROUGE BALLET THEATRE
2019-2020 YOUTH BALLET AUDITION FORM
Dancers must be entering 5th-9th grade in the fall of 2019

Audition Fee: \$10

Name _____
Last First Middle

Address _____
Street Mailing (if different)

_____ City State Zip

Dancer's Email Address _____ T-shirt size (circle one) YM YL AS AM AL AXL

Home Telephone _____ Dancer's Cell _____

Mother's Name _____ Father's Name _____

Mother's Cell _____ Father's Cell _____

Parents' Address if different from above _____

Parents' Email Address _____

Age (at time of audition) _____ Birth Date _____ Height _____ Weight _____

School _____

Emergency Contact _____
Name (other than parent) Relationship to Dancer Home Phone/ Cell

List Dance Schools and years of training _____

Do you attend 3 ballet classes a week? _____ Are you willing to attend 3 ballet classes a week? _____

Have you ever been in "BRBT Youth Ballet"? _____ Number of years _____

BRBT Youth Ballet will tour area libraries, day camps, nursing homes and retirement centers June 3-11, 2019. Dancers selected must be available to tour during those days. Rehearsals will be held at Dancers' Workshop starting May 7 on Tuesday and Thursday evenings, Saturdays, and May 21-23 from 4:30-6:00 and May 28-June 1 from 9:00-3:00. No rehearsals Memorial Day weekend, May 24-27. Cast members must be available the entire tour. Most roles will be double or triple cast, and dancers may not dance every day of the tour.

REQUIREMENTS FOR BRBT YOUTH BALLET ARE AS FOLLOWS

- 1. All paperwork due by April 15 (Including forms & health insurance card). Parent meeting Feb 9@10:15am.**
- 2. Youth Ballet fee of \$320 (\$160 due by April 15th and the remaining \$160 due by May 7th). This fee includes one BRBT Season Ticket, Youth Ballet Rehearsals and Tour, T-Shirt, Party, Costume Fee and Directory.**
- 3. Consistent attendance in 3 ballet classes per week for entire 2019- 2020 dance year required.**

DANCERS ARE REQUIRED TO ATTEND ALL REHEARSALS!

Absences and conflicts should be directed to Youth Ballet Director Rebecca Acosta

By signing below, I acknowledge that I have read the above, and if asked to join the BRBT Youth Ballet will adhere to all rules and monetary requirements associated with the BRBT Youth Ballet Program. I am aware that all monies are nonrefundable.

Dancer Signature

Date

Parent or Guardian Signature

Date