

AUDITION APPLICATION FORM

ELITE TRAINING PROGRAM

"Dedicated to providing exceptional dance training for the aspiring dancer"



Please Tick Program: Full-Time Part-Time JEP

Child's Name: _____

Parent's Name: _____ Email: _____

Address: _____

Phone/Mobile: _____ Date Of Birth: _____

Age When Commenced Ballet Training: _____

Current Ballet School (Name And Years Attended): _____

Last Examination _____ Result _____

Level Now Studying _____

Current Hours Of Ballet Training Per Week: _____

Date Auditioning: _____ Or DVD/Youtube Link Audition

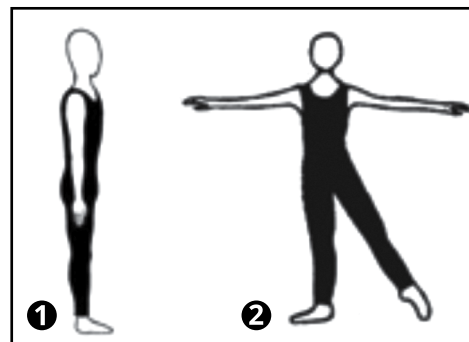
Enclosed _____

Please enclose the following photos:

- 1 Full length facing side in profile to the camera with feet in parallel 1st AND
- 2 Tendu a la seconde a terre en face with arms in second.

Please email photos and Audition form to the address below and make payment via the Try booking link on our website at www.annetteroselliballet.com.au

admin@annetteroselliballet.com.au



© The Royal Ballet School