



Artistic Director: Andrea Paris
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2010 SUMMER DANCE INTENSIVE
AUDITION INFORMATION July 19 - August 13, 2010

CHILD'S NAME: _____ DOB: _____
PARENT(S) NAME: _____
ADDRESS: _____ CITY: _____
ZIP CODE: _____ HOME PHONE: _____
WORK PHONE: _____ OTHER: _____
E-MAIL: _____

I am interested in Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____
I am interested in housing yes no

Grade in School _____ Number of years of dance _____

Number of Classes per week Ballet _____ Jazz _____ Contemporary _____ Tap _____ Other _____

Do you have any physical limitations that we should know about?

Signed: _____ Date: _____
Parent or Guardian

Please turn in this form with a head shot and the audition fee \$20 on at the time of your audition.

For Office Use Only:

Notes: