

THE SCHOOL OF
OREGON BALLET THEATRE

2016-2017 Annual Session

Video Audition/Placement Registration Form

Audition #

Name: _____ Gender: _____

Age: _____ Date of Birth: ____/____/____

Current Dance School: _____

Hours per Week Currently Training: _____ Years of Pointe Training (if applicable): _____

Summer Programs Attended: _____

Have you previously trained at SOBT? Yes No

How did you learn of audition? Audition Poster SOBT Website Friend/Word of Mouth

E-mail Other: _____

Contact Information

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____

Home E-mail Address: _____

Parent(s) Name(s): _____

Parent Phone: (_____) _____ - _____

Release

It is agreed upon that I, my child, adopted or otherwise, my heirs, and executors release all rights and claims for damages that I may have at any time against The School of Oregon Ballet Theatre or its representatives, whether paid or volunteer, for any injury or damages in connection with the dance program or other activities related to The School of Oregon Ballet Theatre. The risks involved with respect to such a program are fully understood.

Parent/Guardian Signature: _____ Date: _____

Please include \$20 fee, and attach headshot and dance pose photographs

For SOBT Use Only: Accept: _____ Assigned Level: _____ Faculty: _____

Notification (circle one): USPS Mail E-mail Phone In Person Staff: _____ Date: _____

Notes: _____