## THE SCHOOL OF OREGONBALLETTHEATRE

## 2017 Summer Intensive Video Audition Form

Due February 28, 2017. Please include audition fee of \$20 check or money order to The School of Oregon Ballet Theatre.

ADMIN ONLY			
Audition #:			
Fee:			
In MB:			
Laterala			
Initials:			
D. ( )			
Date:			
<del></del>			

Full Name		
Select session for which you are ap	plying:	
☐ 6 Week Session ☐ 4 Week Suly 10 – August 19 ☐ July 10 – August 19		
Age: Date of birth:	Hei	ght:
☐ Female ☐ Male Citizenship_		
<b>Contact Information:</b> (Please Pr Student's E-Mail		
Student's Phone Number		
Primary E-Mail (Parent or Guardian		
Parent or Guardian's Name		
Permanent Address		
City	State _	Zip
Parent's Phone Number		
Additional Information: Current Ballet School		
Current Teacher(s)		
Years of Training Years	on Pointe_	
Have you previously attended SOB If so, which year? Which leve		
Will the student require housing in	Portland? □	] Yes or □ No
Are you requesting information on How did you learn of our audition?	scholarships	s? □ Yes or □ No
$\square$ Pointe/Dance Magazine $\square$ SOBT	Website	
□ Audition Poster □ Friend,	/Word of Mc	outh

Please include a headshot and a photo of a dance pose.