The Sacramento Ballet & Fresno Ballet Theatre NUTCRACKER

FOR BALLET USE ONLY	
Number	
Height	

Audition Form 2017

	Age				
*Please Print Legibly	! Birth	Date	Month	Year	
DANCER'S NAME:					
PARENT/GUARDIAN'S NAME:					
PHONE NUMBER (home)	(v	vork)			
CELL NUMBER	AL	T. PHON	IE		
PARENT/GUARDIAN					
E-MAIL ADDRESS:					
STREET ADDRESS:					
CITY/STATE/ZIP:					
ACADEMIC SCHOOL ATTENDING:					
SCHOOL DISTRICT:		GRAD	E LEVEL:		
LOCAL NEWSPAPER:					
Did you appear in any <i>Nutcracker shows</i> in the last 3 year If yes, name of the ballet company	rs?	_			
Please list year(s) and role(s) danced:					
Are you currently enrolled in ballet/dance class?	☐ Yes	□No			
Studio Name:	City_				
Number of ballet or other dance classes per week: Ballet		_ Other Da	ance (Please spec	rify)	
IF YOU ARE ACCEPTED INTO SACRAMENT NUTCRACKER, YOU WILL NEED TO ATTEN PERFORMANCES.					
DANCER'S SIGNATURE:					
PARENT/GIJARDIAN SIGNATURE:					