



AUDITION APPLICATION

Please complete this form and submit a \$25 audition class fee, a first arabesque photo and headshot. Please ensure that the email address is listed is checked regularly as it is the official form of communication for MYB.

Student Information			
Student Name:		Birth Date:	
Student Home Address:		Age:	
		Gender:	
Student Home Phone:		Height:	
Student Cell Phone:		Assigned Level:	
Student Email:		New Or Returning Student:	
Parent/ Guardian Information			
Primary Family Phone:		Primary Family Email:	
Parent/ Guardian Name:		Parent/Guardian's Home Phone (if different)	
Parent/ Guardian's Address (if different)		Parent/Guardian Cell Phone:	
		Parent/Guardian Work Phone:	
Year-Round Training/Summer Intensives			
<i>Please list in reverse chronological order (i.e. most recent first)</i>			
School	Dates	Teachers	Classes Per Week

Office Use Only:

Date Received: _____

Reg. Fee Received: \$ _____

Student Auditioned by: _____

Date Auditioned: _____

Level Placement: _____

NOTES: