

Audition Form

Please fill out this form completely and return to Roxey Ballet audition staff.

Number:

(Office Use Only)

Basic Information:			
Dancer's Name: _			
Parent Email:			
Dancer's Age:	Dancer's Date of Birth	n (MM/DD/YYYY)://	
Address:			
Street Address:			
City:	State	: Zip Code:	
School Attended:			
		es, etc.):	
Dance Training:			
	aining:		
Whole did you lee	ceive your dance frammige		
Sizing:			
Height (in.):	Girls	Boys	
Weight (lbs.):	Leotard Size:	Shirt Size:	
Street Shoe Size: _	Dress Size:	Pant Size:	
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	Office Use O	nly	
Total Fee: \$		nly dit Card Payment:	
Total Fee: \$ Paid:	Cred	•	
Paid: Cash:	Creation Visa/MC/AMEX Card Number: _	dit Card Payment:	
Paid:	Visa/MC/AMEX Card Number: _ Expiration Date:/	dit Card Payment:	
Paid: Cash: Check: #	Visa/MC/AMEX Card Number: _ Expiration Date:/	dit Card Payment:	
Paid: Cash: Check: # PayPal: Square:	Visa/MC/AMEX Card Number: _ Expiration Date:/ Signature:	dit Card Payment: Security Code:	