International Ballet Intensive 2016 Registration Form

If auditioning **in person**, please download and complete this registration form and bring to the audition along with your \$35 registration fee. For applicants submitting **online**, please download and complete this form and mail with your \$35 registration fee to:

International Ballet Intensive 113 Strathmore Drive Syracuse, New York 13207

Please select one:

| 4 week session | □June 26 – July 22 Residential program □June 27 – July 22 Commuter program | | | | |
|----------------|---|--|--|--|--|
| | | | | | |
| 2 week session | □June 26 – July 9 Residential program | | | | |
| | □June 27 – July 9 Commuter program | | | | |
| | | | | | |

The following information is **required** to complete your application. If you have any questions, please contact us at (315) 751-3498 or <u>internationalballetus@gmail.com</u>

| NAME | | | | | | |
|--|---|-------------------------------------|-------------------------|---------------------------|-------------------------|--|
| PHONE | | PARENT'S EMAIL | | | | |
| ADDRESS | | | | | | |
| CITY | | STATE | | ZIP | ZIP | |
| HEIGHT | WEIGHT | 1 | GENDER | I | AGE | |
| DATE OF BIRTH | | | # YEARS BALLET TRAINING | | | |
| List any previous sum Workshop | st any previous summer workshops you atten orkshop Teachers | | | ended: Number of Weeks | | |
| Outline your current a School | and most 1 | r ecent ballet Teacher(s) | training: | # of year | rs/#of classes per week | |
| | | | | | | |