## **International Ballet Intensive 2018**

## **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 o	ne:						
	4 week session		☐ June 24 – July 20 Residential program			n	
			☐ June 24 – July 20 Commuter program				
	2 week session		☐June 24 – July 7 Residential program				
			☐ June 24 – July 7 Commuter program				
The following information is <b>required</b> to complete your application. If you have any questions, please contact us at (315) 751-3498 or <a href="mailto:internationalballetus@gmail.com">internationalballetus@gmail.com</a>							
NAME							
PHONE			PARENT'S EMAIL				
ADDRESS			T		1		
CITY			STATE		ZIP		
HEIGHT		WEIGHT		GENDER	AGE		
DATE OF BIRTH			# YEARS BALLET TRAINING				
List any previous summer workshops you attended: Workshop Teachers Number of Weeks							
Outline your School	current	and most i	r <b>ecent ballet</b> Teacher(s)	_	# of year	rs/#of clas	sses per week