

COMPANY AUDITION REGISTRATION  
2024-2025 SEASON



Dancer's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

(Parent #1)

(Parent #2)

Mailing Address: \_\_\_\_\_

(City, State)

(Zip Code)

Parent's (1) Cell: \_\_\_\_\_ Parent's (2) Cell: \_\_\_\_\_

Dancer's Cell: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Dancer's Age: \_\_\_\_\_ Dancer's Birth Date: \_\_\_\_\_ Dancer's Grade: \_\_\_\_\_

Dancer's E-Mail: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

How many consecutive years of dance training with two or more classes per week? \_\_\_\_\_

Years of: Ballet \_\_\_\_\_ Pointe \_\_\_\_\_ Jazz \_\_\_\_\_ Tap \_\_\_\_\_ Modern \_\_\_\_\_

This audition is being held for The Loudoun Ballet Performing Arts Company.

The LBPAC Directors will decide placement in the Company.

All decisions are final. Notifications will be sent out within two weeks from date of audition.

Should a dancer choose their acceptance, they will be required to meet minimum class requirements.

Please include a 5x7 headshot labeled with name on the back.

No written comments to this form.

OFFICE USE:

NUMBER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

JR APPRENTICE \_\_\_\_\_ APPRENTICE \_\_\_\_\_ COMPANY MEMBER \_\_\_\_\_