Beauty & The Beast – Garden Ballet 2017

PLEASE FILL OUT AND RETURN WITH PAYMENT OF \$100 PERFORMANCE FEE AND \$25 COSTUME FEE BY JANUARY 28, 2017!

If you are auditioning for a lead/specialty part, all forms are due by December 21, 2016

Student's Name: (first)	(last)						
CONTACT INFORMATION (Home Address)							
(State, City, Zip)							
(Home Telephone)	(Email)						
Mother's Name:	(Cell Phone)						
Father's Name:	(Cell Phone)						
STUDENT INFORMATION (Age) (Grade in School) (Height) Dancewear Sizes: (Leotard) (Tight)	(Weight) ts) (Ballet Shoes)						
	(Pants) (Street Shoe)						
How Many Years of Training in: (Ballet)	(Ballet ABT Level)						
(Tap)(Jazz) (Hip Hop)(Gymnast	ics)(Acting)(Irish Step)(Contemporary)						
Any other dance/theater skills?							
STUDENT RESTRICTIONS Allergies?							
Medical Conditions?							
Former injuries that may be aggravated by certain movements?							
School events, Proms, Tests, Vacations, or any other scheduled conflicts from December 2016-April 2017?							
All dancers and parents must consider the level of commitment required for this production. Depending on the student's age and involvement, there will be required evening and weekend rehearsals from December 2016 through April 2017. A rehearsal schedule can be found in your GB Handbook. Mandatory dress rehearsals take place at the Roosevelt Theater April 24-27. We rely on your full participation and expect that this production will take precedence over any event, vacation, field trip, or other non-emergency or illness-related excursion scheduled after your commitment here. I understand and am committed to the show My commitment lies elsewhere							
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	AM NOT AVA							
Monday_								
Tuesday_								
Wednesd	lay							
Thursday	<i>I</i>							
Saturday	ANY DATES B					TEND A REH	IEARSAL	
	12/22	12/23	12/27	12/28	12/29	12/30	1/2	1/3
	E WEEKEND I							
1/7	1/8	1/14	1/15	1/	21	1/22	1/28	1/29
2/4	2/5	2/11	2/12	2/	18	2/19	2/25	
3/4	3/5	3/11	3/12	3/	18			
4/1	4/2	4/8	4/9	4/	15			,
SPRING E	BREAK:							
4/10		4/12	4/13	4/	14	4/15		
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		Signatu	re of Parent	or adult d	ancerl			