MACOMB BALLET COMPANY

Audition Form

If new to Macomb Ballet Company, how did you find out about this audition? Please circle below:

□ Dance Studio Social Media Newspaper Poster Eventbrite Friend MBC Website Other (Please Indicate) :_____

Name Birth Date Age

Address

City ZIP

Parent Cell Phone Dancer Cell Phone

Dancer Email

Dance Studio

Parent Names

Parent Email *

*This is our primary form of communication regarding important Company information

I/we have received and read the Macomb Ballet Company Participation Requirements for the 2018-2019 performance season. We agree to fulfill both the Dancer and Family requirements necessary to become a member of the Macomb Ballet Company. We understand that failure to meet the requirements may result in dismissal from the company.

Dancer Signature

Parent's Signature

For Macomb Ballet Company Use Only

Audition Date

Audition/Audition # □ 1 □ 2 □ 3

Payment Taken By

Amount Received $ Type of Payment □ Cash □ Check # □ Credit