

**LINES Ballet Training Program 2009-2010**  
**Audition Registration Form**

Name: \_\_\_\_\_

Age (at time of audition): \_\_\_\_\_

Audition date: \_\_\_\_\_ Audition location: \_\_\_\_\_

Email address: (This will be used to notify you of your acceptance status.  
PLEASE PRINT CLEARLY. You may provide 2 addresses if desired.)

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Dance School: \_\_\_\_\_

**Please bring the following to your audition:**

\$20 Audition Fee:      Cash      Check # \_\_\_\_\_

Headshot

Letter of Intent

Resume