



BPAC FULL-TIME AUDITION DAY APPLICATION

Name: _____

Phone: _____ **E-mail:** _____

D-O-B: _____

Dance Training (please circle):

Jazz _____ **Tap** _____ **Ballet** _____ **Other** _____

Vocal Training: _____

Name of Dance & Vocal Teachers: _____

Signature of Dance Teacher: _____

Name of Parent Guardian (if under 18yrs): _____

Parent/Guardian Phone: _____ **E-mail:** _____

Alternative Contact in case of emergency: _____

Phone: _____ E-mail: _____

I wish to be considered for (please circle as many as you like):

Full-time Ballet training

Full-time Contemporary training

Full-time Musical Theatre Training

Full-time Commercial Dance Training

High School Performing Arts Courses

Cert IV Dance courses (covering all subjects)

Office Use only

Headshot provided: _____

NOTES: _____

I hereby give BPAC permission to share this form with any Full-time; Elite Training Institution who wishes to make me an offer for further training in the form of early acceptance, half scholarship, full scholarship (must be signed by parent/guardian if candidate is under 18yrs old)

Signature: _____ Date: _____