



FULL-TIME AUDITION DAY APPLICATION

Name: _____

Phone: _____ Email: _____

DOB: _____

Dance training (please tick):

Jazz Tap Ballet Other:

Vocal training: _____

Name of dance & vocal teachers: _____

Signature of studio director: _____

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

Parent / Guardian phone: _____ Email: _____

Alternate contact in case of emergency: _____

Emergency contact phone: _____ Email: _____

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

- Full-time Ballet training Full-time Commercial Dance Training
 Full-time Contemporary training High School Performing Arts Courses
 Full-time Musical Theatre Training Cert IV Dance courses (covering all subjects)

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: _____

Office use only

Headshot and studio director acknowledgement provided: YES NO

NOTES:

