

SUMMER DANCE LAB

Whitman College

Walla Walla, WA 99362 (509)527-5796 fax (509)526-4744

sdl@whitman.edu www.whitman.edu/summer_dance

2010 AUDITION FORM

please include \$30 class fee payable to SDL

(Please print clearly)

HOST CITY _____ AUDITION # _____

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ STUDENT E-MAIL _____

HOME PHONE (_____) _____ STUDENT CELL PHONE (_____) _____

M ___ F ___ HEIGHT _____ WEIGHT _____ DATE OF BIRTH ____/____/____ AGE _____

PARENT/GUARDIAN'S NAME _____

PARENT CELL PHONE (_____) _____ PARENT E-MAIL _____

CURRENT BALLET INSTRUCTOR _____ STUDIO NAME _____

STUDIO ADDRESS _____ CITY _____ STATE _____ ZIP _____

STUDIO PHONE (_____) _____ STUDIO E-MAIL (if known) _____

Years of dance study _____ Average number of classes weekly _____ Scholastic G.P.A _____

Do you belong to a regional civic ballet? _____ If 'yes', indicate name of company: _____

SDL 2010 Program preference: 2 week _____ 3 week _____ 5 week _____

Have you auditioned for SDL before? _____ Have you attended SDL before? _____

If a former SDL student: which year did you attend, and for how many weeks? _____

SIGNATURE OF STUDENT _____

Financial Aid scholarships are based upon merit and financial need. Please download a Financial Aid application or request one from the SDL office. Audition scholarships are based upon merit shown during audition and will be announced in acceptance letters as soon after audition as possible.

(For Director's use Only!)

Evaluation _____ / _____

fee paid _____

Notes: