

SUMMER DANCE LAB at Whitman College

ph:509.386.0448 fax:201.918.5946
sdl@whitman.edu www.whitman.edu/summer_dance

2011 DVD AUDITION APPLICATION

Please complete application and send with DVD and \$30 audition fee (payable to SDL) to
Lydia Tetzlaff, 131 Highland Ave., Jersey City, NJ 07306, by April 30th.

(PLEASE PRINT CLEARLY!)

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 WEB/ E-MAIL (if known) _____

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

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

How did you hear about Summer Dance Lab? _____

Have you auditioned for SDL in the past? Yes ____ No ____ If yes, which year(s)? _____

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

SDL 2011 Program preference: 2 week program ____ 3 week program ____ 5 week program ____

SIGNATURE OF STUDENT _____

_____ (For Director's use Only!) _____

Evaluation _____/_____ fee paid _____

Notes: