

The School of OREGONBALLETTHEATRE

818 SE Sixth Avenue Portland, Oregon 97214-2329 (503) 227-6890

Audition #

Audition/Placement Registration

\$20.00 Fee

(Cash Only)

Dancer Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Current Ballet School: _____

Hours per Week Currently Training: _____ Years of Pointe Training (if applicable): _____

Summer Programs Attended: _____

Contact Information

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Home E-mail Address: _____

Parent(s) Name(s): _____

Emergency Contact: _____ Phone: (____) _____

Release

It is agreed upon that I, my child, adopted or otherwise, my heirs, and executors release all rights and claims for damages that I may have at any time against the School of Oregon Ballet Theatre or its representatives, whether paid or volunteer, for any injury or damages in connection with the dance program or other activities related to the School of Oregon Ballet Theatre. The risks involved with respect to such a program are fully understood.

Parent/Guardian Signature: _____

Date: _____

For SOBT Use Only:

Payment: Cash _____ Check _____ Credit Card _____

Reject: _____ Accept: _____ Assigned Level: _____ Faculty: _____

Notification (circle one): USPS Mail E-mail Phone In Person Staff: _____

Notes: _____