



Artistic Director:
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2017 SUMMER DANCE INTENSIVE AUDITION INFORMATION July 10 – August 4, 2017

CHILD's NAME _____ DOB _____ AGE _____

PARENT's NAME _____

ADDRESS _____ CITY _____

STATE/ZIP _____ EMAIL _____

TEL - HOME _____ CELL _____ WORK _____

I am interested in attending:

[] Week 1 (7/10 -14); [] Week 2 (7/17 - 21); [] Week 3 (7/24 - 28); [] Week 4 (7/31 – 8/4)

I am interested in housing (please circle)? Yes No

Current Grade in School _____ Academic School currently attending _____

Numbers of years of dance _____ Are you on pointe? _____

If yes, when did you go on pointe? Month _____ Year _____

Studio at which you currently dance _____

Does your child have any physical limitations that we should know about?

Parent/Guardian Signature _____ Date _____

At the time of your audition, please turn in this form with 1) the audition fee of \$30; 2) a headshot (all dancers); 3) a picture in first arabesque (ages 12 and up). Cash or check payable to Los Angeles Ballet Academy only. No credit cards.

For Office Use Only PAID (circle) Cash Check
Notes