



American Academy of Ballet

Founding Director: Mignon Furman

2019 Audition Form

PLEASE PRINT CLEARLY

Date: _____ Audition Location: _____

Dancer

Last Name: _____ First Name: _____

Male Female Age: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country _____

Dancer's Telephone: (Area Code) _____ (Number) _____

Email for audition result: [grid]

Parent/Guardian

Father/Guardian

Mother/Guardian

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Dance Training

Teacher's Name: _____ Ballet School: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone : (Area Code) _____ (Number) _____

Teacher's Email [grid]

Table with columns: Dance Style, Years Studied, Classes per week. Rows: Ballet, Pointe, Other forms of dance studied (please circle) with sub-rows for Jazz, Modern, Tap, Lyrical, Hip-Hop, Contemporary, Character.

PLEASE TURN OVER

Previous Summer School Attended

Name of Program

Location

Year Attended

How many weeks are you interested in attending Summer School?

This is **NOT BINDING**; it is only to give us a **Preliminary** idea.

Your answers will in no way affect your acceptance to Summer School.

- 1 week 2 weeks 3 weeks 4 weeks 5 weeks 6 weeks
 7 weeks 8 weeks

Would you be coming as a

- Residential Student Day Student

You will be notified WITHIN 2 WEEKS regarding your acceptance for Summer School.

How did you hear of the American Academy of Ballet?

Please check **ALL** that apply.

- From my teacher
 From a friend/relative
 Attended AAB previously _____(year/s)
 AAB Poster
 AAB Summer School Brochure
 Facebook
 Google
 AAB Website
 Instagram
 Magazine Name: _____

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