



American Academy of Ballet

Founding Director: Mignon Furman

2020 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 include Ballet, Pointe, and Other forms of dance studied (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
 8 weeks

Would you be coming as a

- Residential Dancer Day Dancer

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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