

Audition Number _____

ROBERT IVEY BALLET ACADEMY

THE OFFICAL SCHOOL OF THE CHARLESTON CITY BALLET

2016 Summer Intensive Audition Registration Form

The in person audition fee is **\$20**, payable by cash, money order or check written to RIBA.

Photos and resumes are not necessary unless you are a high school graduate interested in being considered for CCB

Please print all information clearly. Illegible handwriting can delay the results of your audition.

Today's Date: ___/___/___

Parent/Guardian Email Address: _____@_____

***** required - please note that audition results are sent via email to this email address*****

First Name: _____ Last Name: _____

Age: _____ Birthdate: ___/___/___ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Training Information

How many years? Ballet: _____ Pointe: _____ Modern: _____ Jazz: _____

Current Dance School: _____ City: _____ State: _____

Which academic grade are you presently attending? _____

I hereby release the Robert Ivey Ballet Academy and the Charleston City Ballet from all liability for personal injury or illness while at the School/Company audition. I understand that the Robert Ivey Ballet Academy and the Charleston City Ballet complies with rules established with the state of South Carolina. I certify that I am in good health and am capable of participating in the audition procedures.

Student Signature or Parent/Guardian Signature if student is under 18 years of age:

_____ Date: ___/___/___

FOR RIBA/CCB OFFICE USE ONLY

LEVEL _____
