



Artistic Director: Andrea Paris  
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**2010 SUMMER DANCE INTENSIVE**  
**AUDITION INFORMATION July 19 - August 13, 2010**

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I am interested in Week 1 \_\_\_\_\_ Week 2 \_\_\_\_\_ Week 3 \_\_\_\_\_ Week 4 \_\_\_\_\_

I am interested in housing yes no

Grade in School \_\_\_\_\_ Number of years of dance \_\_\_\_\_

Number of Classes per week Ballet \_\_\_\_\_ Jazz \_\_\_\_\_ Contemporary \_\_\_\_\_ Tap \_\_\_\_\_ Other \_\_\_\_\_

Do you have any physical limitations that we should know about?

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian

Please turn in this form with a head shot and the audition fee \$20 on at the time of your audition.

For Office Use Only:

Notes: