



**HAMILTON ACADEMY
OF PERFORMING ARTS** | ACADEMIC
BALLET
MUSIC
VOCAL
DRAMA



International Ballet Summer Camp 2016 AUDITION REGISTRATION FORM

Please complete the following information and include payment with this form.
You will be notified of your audition results within 2 weeks.

Audition in Person:

Audition by DVD:

First Name _____ Family Name _____

Date of Birth (dd/mm/yy) _____ Age _____ Male / Female

Home address: _____ City _____

Province _____ Country _____ Postal Code _____

Home phone number _____ Health Card No _____

Previous Ballet Training: _____ No. of Years _____

Senior Ballet Intensive Program ~ Session 1 _____ Session 2 _____

Day Camp _____ Overnight Camp (Monday-Friday) _____ Overnight Camp (7 nights) _____

Allergies/Medical problems/Past injuries _____

Parent /Guardian Information

First Name Family Name Relationship

Home phone number _____ Cell number _____

Work phone number _____ E-mail _____

Form of payment \$25.00 Audition Fee: Money Order _____ Certified Cheque _____ Cash _____

For office use:

Payment received: _____ Amount: _____ Cheque/Money Order no: _____

Comments: