



BRECON FESTIVAL BALLET

Registered Office Theatr Brycheiniog, Canal Wharf, Brecon, Powys, LD3 7EW
Charity Number 1194326

AUDITION FORM (CHILD)

NAME.....

PARENT'S NAME (if under 18)

ADDRESS

.....POSTCODE.....

MOBILE NUMBER

E MAIL ADDRESS

DATE OF BIRTH HEIGHT

DO YOU SUFFER FROM ANY MEDICAL CONDITION? YES () NO ()

IF YOU HAVE ANSWERED "YES" PLEASE GIVE FULL DETAILS

.....

PLEASE GIVE ANY OTHER DETAILS YOU MAY FEEL WOULD BE USEFUL ON A SEPARATE SHEET

DANCE TRAINING -

NONE

BASIC (GIVE DETAILS)

IN TRAINING (GIVE DETAILS/GRADE)

I UNDERSTAND THAT THIS IS A PROFESSIONAL PRODUCTION AND IF ACCEPTED I AM EXPECTED TO ATTEND AS MANY SUNDAY REHEARSALS AS POSSIBLE AND WILL NEED TO BE AVAILABLE LATE AFTERNOON/EARLY EVENINGS OF THE WEEK COMMENCING 11TH DECEMBER AND ALL TECHNICAL REHEARSALS AND PERFORMANCES. A FEE OF £30 WILL BE PAYABLE AS A CONTRIBUTION TOWARDS COSTUME AND REHEARSAL COSTS

SIGNEDDATE

Please return this form to Brecon Festival Ballet at 74 Beacons Park, Brecon, Powys, LD3 9BQ or email to Lesley@breconfestivalballet.com