

Audition Form

(Office Use Only)

Circle Leotard/tights	size: YXS YS YM	YL AS AM AL AXL	
Dancer's Name: First	· · · · · · · · · · · · · · · · · · ·	Last	
Mother's Name: First		Last	
Father's Name: First		Last	
Dancer's Birthday:	 	Dancers Age:	
Mother's Cell #:	Father's Cell #:	Emergency #:	
EMAIL (REQUIRED)(Please Print)			
List the dance classes you			
Class Nam	e	Day of the Week	
As a parent, I can best ser (circle all that apply)	rve the Orangeburg Civ	ic Ballet in the following cap	acities:
 Costumes (sewing) 		 PR (Poster distributed, writing) 	ng articles, etc)
 Costumes (glue, trim, buttons) 		Props (design/construct/manage)	
Fundraising (corporate, individual)		• Other:	
Costumes (wash/iron/	organizing)		
I do hereby give Orangeburg (representatives of OCB for the		on to use images of myself/ my chitising and print/social media.	ild as
Signature		Date	-
****Please return completed	d form to front desk at au	ditions *****	
Audition fee	(Office Use Only)		