



949 Englewood Avenue • Tonawanda, NY 14223 • 716-835-3585  
gbyballet@hotmail.com

**Audition Form**

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

Auditioning for: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Name (if under the age of 18): \_\_\_\_\_

Parent's Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Previous Study (types of classes, name of studio): \_\_\_\_\_

\_\_\_\_\_

Years of Previous Study: \_\_\_\_\_

Performance Experience: \_\_\_\_\_

\_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Signature: \_\_\_\_\_

Photos are often taken during classes, performances, and rehearsals at the Royal Academy of Ballet, and during performances and rehearsals of the Greater Buffalo Youth Ballet. By signing this form, you are giving the Royal Academy of Ballet and the Greater Buffalo Youth Ballet permission to use your or your child's photo(s) for marketing purposes.