

CHAMBER COMPANY AUDITION APPLICATION



Candidates are reviewed by the Ballet Fantastique Artistic Staff for the best possible match with Ballet Fantastique on the bases of technical proficiency/potential and artistic expression. Relax and dance! This is your opportunity to shine.

Part One: General Information

DANCER'S NAME: _____
FIRST M.I. LAST

HOME ADDRESS: _____

CITY STATE ZIP

PRIMARY PHONE (*make sure this is correct—it's how we'll be getting in touch with you*) OTHER PHONE

DATE OF BIRTH: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

RACE/ETHNIC IDENTITY (CHECK ONE):

Ballet Fantastique is required to report the number of individuals enrolled in our programs who identify with each of the following categories. Though not required, your answer helps us in our records. Ballet Fantastique does not discriminate on the basis of race, ethnicity, or national/ethnic origin.

- ALASKA NATIVE/AMERICAN INDIAN
- BLACK/AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER/ALASKAN
- HISPANIC OR LATINO
- WHITE/CAUCASIAN
- ASIAN
- OTHER: _____

I WISH TO (CHECK THE APPROPRIATE BOX/ES):

- AUDITION FOR A COMPANY POSITION
- AUDITION FOR AN APPRENTICE POSITION
- APPLY TO CHOREOGRAPHER FOR THE COMPANY

Part Two: Dance Experience

PREVIOUS DANCE OR INTENSIVE ATHLETIC PROGRAM EXPERIENCE (TYPE, ACADEMY, LOCATION, TEACHER'S NAMES, DURATION, NUMBER OF CLASSES/WEEK)

60 EAST 10TH AVENUE
EUGENE, OR 97401
541.342.4611

DONNA MARISA BONTRAGER,
ARTISTIC DIRECTOR

LIABILITY RELEASE:

The undersigned releases Ballet Fantastique from any and all liability that may arise from participation of undersigned in said program. In the event that the participant is under the age of 18, the undersigned agrees to hold harmless Ballet Fantastique from any liability it may suffer through the participation of the student in said program. The undersigned hereby requests and permits any hospital emergency department physician, any other physician s/he may designate, and any hospital personnel to render to the participant any medical and/or surgical treatment s/he may require in my absence.

DANCER SIGNATURE
(OR PARENT IF PARTICIPANT IS UNDER THE AGE OF 18):

DATE:

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BALLET EXAMINATIONS OR
LEVELS COMPLETED;
SYLLABUS

YEARS ON POINTE

LEVEL ACHIEVED:

PREVIOUS (PROFESSIONAL)
PERFORMANCE EXPERIENCE

WHAT YOU'RE HOPING FOR
IN YOUR EXPERIENCE WITH
THE BALLET FANTASTIQUE
CHAMBER COMPANY!

INTERESTED IN ALSO BEING
INVOLVED WITH (CIRCLE)

Education/Outreach Marketing/Public Relations Choreography Lights
Costume Design/Production Gala/Fundraiser Event Management (Summer 2006)

CURRENTLY ENROLLED AT A
BALLET OTHER THAN BALLET
FANTASTIQUE (SPECIFY)

IF YES, PLEASE SPECIFY DAYS
& TIMES EACH WEEK YOU
ARE COMMITTED TO
CLASSES THERE—BALLET
FANTASTIQUE WILL DO OUR
BEST TO WORK AROUND
YOUR CURRENT TRAINING
SCHEDULE

OTHER COMMITMENTS IN
YOUR LIFE ABOUT WHICH
WE SHOULD KNOW (I.E.
JOB, COLLEGE, ETC.)

ANYTHING ELSE YOU'D LIKE
TO SAY?
