

AUDITION NUMBER: _____
AUDITION CITY: _____
EVALUATOR INITIALS: _____

AUDITION FEE (\$15 online, \$20 pre-registration, \$25 day of): _____



AUDITION APPLICATION

Candidates are reviewed by our artistic staff for the best possible match with Ballet Fantastique on the bases of technical proficiency/growth potential, artistry, theatrical prowess, professional experience, and classical/contemporary background and experience. Please let your personality shine through—we really do want to know who you are.

Part 1: General Information

DANCER FIRST NAME		MIDDLE INITIAL	LAST NAME	
STREET MAILING ADDRESS		CITY	STATE	ZIP
PHONE (please ensure that you have a working voicemail box)		EMAIL ADDRESS (please ensure this is one that you check often)		
DATE OF BIRTH	AGE	HEIGHT (IN FEET/INCHES)	WEIGHT (IN POUNDS)	
<input type="checkbox"/> US CITIZEN/PERMANENT RESIDENT		<input type="checkbox"/> IF NO, COUNTRY OF CITIZENSHIP: _____		

RACE/ETHNIC IDENTITY (CHECK ONE):

Ballet Fantastique is required to report the number of individuals we work with who identify with each of the following categories. Though not required, your answer helps our records. We are a nonprofit organization deeply committed to cultural diversity, and we do not discriminate on the basis of race, ethnicity, or national/ethnic origin.

- White Hispanic or Latino Black or African American
 Native American or American Indian Asian / Pacific Islander Other: _____

CHECK THE BOXE(S) THAT BEST DESCRIBE YOUR INTEREST IN BFAN:

- Summer Programs/Workshops
 Year-Round Professional Dancer Development Program
 Apprenticeship Program, Apprenticeship Fellowship (scholarship)
 Senior Apprentice (unpaid/shoe stipend)
 Company Position (per-performance or weekly salary, dependent upon skills/experience)

Part 2: High School/College Education/Certificate

HIGHEST LEVEL OF EDUCATION	INSTITUTION	GRADUATION YR	MAJOR/AREA OF STUDY
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Part 3: Dance Education

Note: Please feel free to use the reverse of this page to list any other educational experiences you'd like us to know about.

- Please check here if you also **emailed us an audition video reel** with performance and classwork footage (**required** for video auditions; **recommended** for all auditioners—send to us via email to company@balletfantastique.org with your name and “video audition” in the subject line).

ACADEMY/LOCATION	TEACHER NAME(S)	DATES	TRAINING STYLE	AWARDS/SCHOLARSHIPS

SYLLABUS/METHOD YOU ARE MOST COMFORTABLE IN

ANY EXPERIENCE W/ VAGANOVA? WHAT KIND/HOW MUCH?

OTHER TYPES OF DANCE/THEATER IN WHICH YOU ARE PROFICIENT (if applicable)

Part 4: Professional Experience

Note: Please feel free to use the reverse of this page to list other performance experience you'd like us to know about.

- Please check here if you are also **attaching a resume** (**required** for Apprentice–Professional Company auditions). On your resume, please include a selected list of variations/parts that you have performed as both a student and/or a professional.

COMPANY/LOCATIO N	DIRECTOR(S)	DATES	JOB TITLE	PAY RATE	PERFORMANCES

Part 5: Getting to Know You

FAVORITE BALLET

FAVORITE CLASSICAL OR CONTEMPORARY CHOREOGRAPHER

WHAT YOU WANT TO BE WHEN YOU "GROW UP"

GREATEST CHALLENGE/WHAT YOU'RE WORKING ON HARDEST AS A DANCER RIGHT NOW

ANY MEDICAL CONDITIONS/PREVIOUS OR RECURRING INJURIES ABOUT WHICH WE SHOULD KNOW

Part 6: Talk to Us!

Thank you for your time and interest in us! We will do our best to contact you personally to respond to your audition no later than the end of the application season, and you may contact us at any time with questions.

WHAT DO YOU KNOW ABOUT BALLET FANTASTIQUE, AND WHY DO YOU WANT TO DANCE WITH US?

EARLIEST DATE YOU COULD START?

WHAT ARE YOU HOPING TO GAIN FROM AN EXPERIENCE WITH BALLET FANTASTIQUE?

OTHER AREAS OF INTEREST/EXPERIENCE:

- Education/Outreach Marketing/Public Relations Choreography Teaching
 Costume Design/Production Gala/Fundraiser Event Management Other: _____

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

ANYTHING ELSE YOU'D LIKE TO SAY?

Part 7: Liability Release

The undersigned releases Ballet Fantastique from any and all liability that may arise from participation of undersigned in said program audition. 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.

DANCER SIGNATURE (IF OVER 18) OR PARENT/GUARDIAN SIGNATURE

PRINTED NAME

DATE