

Return completed form with DVD or email it with online video link(s) to audition@marylandyouthballet.org.



ACADEMY DVD AUDITION

Maryland Youth Ballet

926 Ellsworth Drive
Silver Spring, MD 20910

(301) 608-2232

Student Information:

Has student ever auditioned or taken class (youth or adult) with MYB? Yes No

NAME _____
First Middle Last

DATE OF BIRTH _____ GENDER M F GRADE _____
MM/DD/YY (Current School Year)

ADDRESS _____ HOME PHONE _____
Street

City _____ State _____ Zip _____ MAIN EMAIL _____

Parental Information (if under 18 years of age):

RELATIONSHIP: _____ PRIMARY CONTACT: Y N RELATIONSHIP: _____ PRIMARY CONTACT: Y N

NAME _____ NAME _____

WORK _____ CELL _____ WORK _____ CELL _____

EMAIL _____ EMAIL _____

Training:

Number of years ballet studied _____ # of ballet classes per week _____

Number of years pointe work _____ Length of classes _____

Previous place(s) of training _____

How did you hear about MYB?

- Web
- Word of Mouth
- Current/Former Student (Please name: _____)
- Magazine Ad
- Newspaper Ad
- Other: _____

For Office Use

Received:

Reviewed by: