

2009/2010 AUDITION / WORKSHOP

REGISTRATION FORM

COMPLETE BOTH SIDES AND MAIL OR FAX TO:

Canada's Royal Winnipeg Ballet School Professional Division

380 Graham Avenue, Winnipeg, Manitoba, Canada, R3C 4K2

T: 204.957.3467 F: 204.943.1994 www.rwbschool.com school@rwb.org

Name _____ F M

Name of Parent/Guardian (if under 18 years of age) _____

Home Address _____

City _____ Prov/State _____ Postal/Zip Code _____

Telephone _____ Fax _____

Parent/Guardian Email _____

Birth Date (m/d/y) _____ Age (as of 01/01/10) _____

Current Academic Grade _____ Height _____

Program Auditioning For

- Ballet Academic Level 1-7 Aspirant (Post-secondary) Teacher Training (Post-secondary)
 Auditioning by mail with DVD (see brochure for materials to include with this form)

Workshops

- I wish to attend the Ballet Workshop for my age group (check schedule for availability)
 I wish to attend the Teachers' Workshop (check schedule for availability)

City in which you will audition and/or attend Workshop _____

Date you will audition and/or attend Workshop _____

History

Current dance studio _____

Current ballet teacher _____

Years of ballet training _____

Other dance forms studied _____

Years of training other dance forms _____

Ballet exams (Method & highest level attained) _____

Other dance exams (Method & highest level attained) _____

Previously auditioned for RWB School Professional Division? Yes No

If Yes, year of last audition _____

Previously attended RWB School Professional Division Programs? Yes No

If Yes, date of attendance _____

If Yes, Professional Division program attended _____

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Payment

All Audition and Workshop fees are non-refundable unless the RWB School issues a cancellation.
All applicable fees must accompany this form.

Audition Fees \$35 CDN in person audition
 \$45 CDN Audition by Mail (DVD)

Workshop Fee \$30 CDN

Total \$ _____



2nd tendu

- International Money Order or certified cheque in CANADIAN FUNDS payable to Canada's Royal Winnipeg Ballet School
NB: WE DO NOT ACCEPT PERSONAL CHEQUES
 Visa MasterCard American Express

Card # _____ Expiry Date _____

Cardholder's Name _____

Cardholder's Signature _____

PRIVACY CONSENT

I consent to the Royal Winnipeg Ballet collecting, using and disclosing my personal information for the purposes identified within the RWB Privacy Policy, available in full at www.rwbschool.com/pro/about/policies.html.

Signature: _____ Date: _____
(if applicant is under 18 years, the parent's/guardian's signature is required.)

For those auditioning in person, remember to bring your photo in 2nd tendu with you. If you are unable to provide a photo, RWB School staff can take one. A \$5 fee will apply.

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