



Miami City Ballet School

2200 Liberty Avenue
Miami Beach, FL 33139
305.929.7007 ▪ 305.929.7009 Fax
school@miamicityballet.org

2010 Summer Program DVD/Video Audition Form

Today's Date: _____

Student's Name: _____ Age as of May 1,2010: _____

Male / Female (circle one) Date of Birth: _____ / _____ / _____ Height: _____ Weight: _____
Month Day Year

Student Address: _____
Street

_____ City State Zip

Phone where you can be reached: Day: _____ Evening: _____

E-mail: _____

Present dance school: _____ Class Level: _____

of years of study: _____ Classes per week: _____

Summer programs you have attended in the last two years:

Guardian: _____

Address if different: _____
Street

_____ City State Zip

Phone: Day: _____ Evening: _____

Cell: _____ Beeper: _____

This information is optional. Miami City Ballet School is committed to enrolling a student body, which is culturally diverse as well as artistically talented. This information is voluntary and will be used for statistical purposes only; Check one:

African American: _____ American Indian: _____ Asian: _____ Hispanic: _____

White: _____ Foreign: _____ Other (please specify): _____

Miami City Ballet School Inc. A non-profit organization, admits students of any race, color, national origin to all the rights, privileges and activities generally accorded to students of the School It does not discriminate on the basis of race, color, national or ethnic origin.