



BRECON FESTIVAL BALLET LTD

Registered Office 6 Fronwen Terrace, Brecon, Powys, LD3 9HB
Company Number 11673587

AUDITON FORM

NAME.....

PARENT'S NAME (if under 18)

ADDRESS

.....POSTCODE.....

MOBILE NUMBER

E MAIL ADDRESS

DATE OF BIRTH HEIGHT

DO YOU SUFFER FROM ANY MEDICAL CONDITION YES () NO ()

IF YOU HAVE ANSWERED "YES" PLEASE GIVE FULL DETAILS

.....
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PLEASE GIVE ANY OTHER DETAILS YOU MAY FEEL WOULD BE USEFUL ON A SEPARATE SHEET

DANCE TRAINING -

NONE

BASIC (GIVE DETAILS)

IN TRAINING (GIVE DETAILS/GRADE)

I UNDERSTAND THAT THIS IS A PROFESSIONAL PRODUCTION AND IF ACCEPTED I AM EXPECTED TO ATTEND ALL SUNDAY REHEARSALS AND WILL NEED TO BE AVAILABLE LATE AFTERNOON/EARLY EVENINGS OF THE WEEK COMMENCING 16TH DECEMBER AND INCLUDING ALL TECHNICAL REHEARSALS AND PERFORMANCES

SIGNEDDATE

Please return this form to Brecon Festival Ballet at 74 Beacons Park, Brecon, Powys,, LD3 9BQ or email to Lesley@breconfestivalballet.com