

Salt Lake Ballet Theater Application 2016-2017

Name: _____ Alternative Guardian/Parent Name: _____

Dancer Name: _____ Dancer Birthdate: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____

Years of Ballet: _____ Years of Jazz: _____

Alternative Commitments:

Studio you dance with:

Teams you are on:

Current Teachers:

Past Teachers:

Summer training camps:

This course is designed for hard working, focused, goal oriented dancers. We require students to follow the standards set by Salt Lake Ballet Theater. This includes attendance, dress code, appropriate hair, required footwear, strong work ethic, attention to teachers, no talking, appropriate questions and dedication to Ballet. Can you abide by these requirements and give your classes all your attention and focus?

Yes___ No___

Parent Signature: _____ Date: _____

Signature: _____ Date: _____