



NOBT Summer Intensive 2024 Audition Registration

Dancer's Name: _____ Age _____
Birthdate: ____ / ____ / ____

Dancers 18 and under: Parent/ Guardians Names: _____

Address: _____
City: _____ State: _____ Zip: _____

Phone Numbers: **Dancers under 18:** Parent and Guardian numbers only. For dancers old enough to drive themselves to rehearsal, their cell can be an alternate phone number.
Primary Name Number ()
Alternate Name Number ()

Email for the responsible party. Please write clearly! Dancers under 18: Please list only the responsible adult who keeps the dancer's calendar of events. Auditions results and information will be sent by email.

Email: _____

Please provide the following:

Previous Dance Experience
(Number of years, styles, name of school, etc)
years on Pointe (if applicable)

Signed: _____ Date: _____
Parent/ Legal Guardian for Dancers under 18

Do Not Write Below This Line

Director Comments: