

**Virginia School of the Arts  
Audition Form  
2009-2010**

2240 Rivermont Avenue, Lynchburg, VA 24503  
Office (434) 847-8688 Fax (434) 847-4380 www.vsaart.com

Audition Number

**PLEASE PRINT CLEARLY.**

Name \_\_\_\_\_

Audition City \_\_\_\_\_ Audition Date \_\_\_\_\_ Fee Paid/Photos Attached \_\_\_\_\_

**I am auditioning for (check all that apply):**

- \_\_\_\_\_ 2010 Summer Dance Intensive  
\_\_\_\_\_ 2010-2011 Academic Year Program  
\_\_\_\_\_ Post Graduate Training Program

**Note: Audition results are sent through email. If you do not have email, please check here \_\_\_\_\_**

*(Please print very clearly. Please remember .com, or .net, area codes, etc.)*

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Parent Email(s):** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Current Grade in School:** \_\_\_\_\_

**Gender:** M F **Weight (optional):** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Race(optional):** \_\_\_\_\_

**PLEASE DESCRIBE YOUR TRAINING: (Please list number of years of training in each category and the current number of classes you take each week.)**

	Number of Years	Current Classes Per Week
Ballet:	_____	_____
Pointe:	_____	_____
Jazz / Modern	_____	_____

**Present Dance Studio:** \_\_\_\_\_

**Teacher/Director:** \_\_\_\_\_

**I first heard of VSA through:** \_\_\_Magazine Ad \_\_\_Instructor \_\_\_Website \_\_\_Friend \_\_\_Other

**Name of Magazine, Instructor or Friend** \_\_\_\_\_

**If you have attended other residential or summer dance programs, please list them below.**