

Virginia School of the Arts

Audition Form

2010

2240 Rivermont Avenue, Lynchburg, VA 24503

(434) 847-8688 office- (434) 847-4380 FAX

Audition Number

PLEASE PRINT CLEARLY.

Audition City _____ Audition Date _____

Name _____ \$30 fee _____ photos _____

I am auditioning for (check all that apply):

- _____ Three Week Summer Session (June 28 – July 16)
_____ Five Week Summer Session (June 28-July 30)
_____ 2010-2011 Academic Year Program (Aug. 23, 2010)

Note: Audition results will be sent through email within 5 business days.

Street Address: _____

City, State, Zip: _____

Phone: _____

Parent/Guardian: _____

Student Email Address: _____

Parent Email: _____

(Please print very clearly! Please remember .com, or .net, etc.)

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 (explain)

If you have attended other residential programs in dance please list them below.