



2020 Student Audition Form

Personal Information

Student Name: _____
First *Last*

Current Training: _____
School name *Teacher*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Student Phone: _____ Student E-mail: _____

Age: _____ Birth Date: _____ Gender: M F School Grade: _____

Parents Name(s): _____

Parent Phone(s): _____ Parent E-Mail: _____

Background

Years of Training: Ballet _____ Pointe _____ Character _____ Other _____

Other Training & Summer Programs Attended and Year (Continue on back if needed):

Additional Performing Experience:

Which training programs are you interested in? (Check all that apply)

Winter Workshop _____ Summer Intensive _____ Elite Year-round _____ Other _____

How did you hear about Open World Dance Foundation trainings?

What interests you most about coming to our training programs?

**If this is being submitted with a Video Audition, email this completed form to ekaterinaowf@gmail.com.
Payment info on website.**