NEW SOUTH WALES DEPARTMENT OF EDUCATION AND TRAINING

NSW Public Schools Dance Ensembles

Regional Ensemble

AUDITION APPLICATION FORM 2009

(to be completed by student and returned with video to Regional Arts Coordinator by **March 25**)

Name: _____
First Name Surname

Date of Birth:_____ Age: _____ School Year: _____

Home Address:_____

_____ Postcode:_____

Home Phone: (___)_____ Mobile: _____

Email: _____

Contact Parent/Guardian Name:_____
First Name Surname

School Code:_____ Contact Teacher: _____

School: _____

DANCE TRAINING & PERFORMANCE EXPERIENCE:

How long have you been studying dance?_____

Do you study dance as a school subject? _____

In what styles of dance are you trained? _____

_____

With which dance groups (if any) have you performed? (School and Studio)

_____

To which dance groups/performances (School and Studio) are you currently committed?

_____

In which performances have you recently participated? _____

_____

Why would you like to be involved in this ensemble? _____

_____