

Year _____
Previous Year Level _____
(For Company Auditions Only)

Audition # _____
Fee Paid _____
Phone # _____
Email _____

HOW WOULD YOU LIKE TO RECEIVE THE REHEARSAL SCHEDULE? PRINT CLEARLY!
EMAIL _____ OR TEXT _____

Costume Staff Use Only

Height _____
Weight _____
Bust _____
Waist _____
Girth _____
Sex _____

**CAROLINA
BALLET
AUDITION
FORM**

Artistic Staff Use Only

CHOOSE FROM THE FOLLOWING AUDITION OPTIONS:

- _____ COMPANY – I will pay ALL fees, participate in ALL Carolina Ballet Company Productions and Activities, including the Summer Academy
- _____ COMPANY – I need to discuss scheduling conflicts and concerns with the Executive Director
- _____ NUTCRACKER ONLY

NAME _____
Last First Middle Nickname

Date of Birth _____ Age _____ Grade _____

Dance Studio _____

Dance Teacher(s) _____

Boys - Size of Canvas Shoes _____

Girls - Years on Pointe _____ Type of Pointe Shoe _____ Size _____

of weeks you took classes this summer _____ # of classes per week during school year _____

Previous *Nutcracker* roles and year: (MUST COMPLETE) _____

DANCERS MUST ADHERE TO DRESS CODE REQUIREMENTS!
See "Responsibilities of Dancers" sheet for dress code information

Carolina Ballet Database/Health Information Form

Year _____ Company Member _____ Nutcracker Only _____

**HOW WOULD YOU LIKE TO RECEIVE THE REHEARSAL SCHEDULE?
(PLEASE ENTER THE EMAIL OR PHONE NUMBER YOU WOULD LIKE US TO USE)**

EMAIL _____ OR TEXT _____

PLEASE PRINT CLEARLY

Dancer's Name: _____

Parents' Names: _____

Street Address: _____

City: _____ State: _____ Zip: _____

School: _____ Grade: _____ District: _____

Home PH #: _____ Mother's Wk #: _____ Father's Wk #: _____

Dancer's Cell: _____ Mother's Cell: _____ Father's Cell: _____

E-mail addresses: Parent/Guardian #1 _____

Parent/Guardian#2 _____ Student _____

Studio: _____

Parents' Occupation/Employer _____

Insurance Company: _____ Policy Number: _____

Insurance Co. Phone #: _____ Name of Insured: _____

Dancer's Doctor: _____ Doctor's Phone #: _____

Emergency Contact Name and Phone Number _____

Medical Conditions, Allergies, etc. _____

EMERGENCY MEDICAL CONSENT (Signature Required)

In the event of a medical emergency, I authorize Carolina Ballet to seek emergency medical treatment for my child, _____.

Parent/Guardian Signature: _____

RESPONSIBILITY ACCEPTANCE (Signature Required)

I have read and agree to abide by the RESPONSIBILITY SHEET FOR PARENTS AND DANCERS, including the DRESS CODE REQUIREMENTS.

Parent/Guardian Signature _____

Dancer's Signature _____

PHOTOGRAPH AGREEMENT (Signature Required)

Carolina Ballet is authorized to use photographs of dancers and performers in productions. Photographs taken for or by *Carolina Ballet* may only be used and reproduced with the authorization of *Carolina Ballet*.

Parent/Guardian Signature _____

CAROLINA BALLET FEE SHEET

YEAR _____

DANCER(S) NAME(S) _____

PARENT(S) NAME(S) _____

HOME PH # _____ WORK PH # _____ CELL PH # _____

EMAIL ADDRESS _____ STUDIO _____

MEMBERSHIP HOLDER(S) NAME(S) _____

(As Listed In Program)

ADDRESS _____

SEASON MEMBERSHIP *SUGGESTED \$ _____

- COLLEGE STUDENT/MILITARY (INDIVIDUAL) \$ 75.00
- PATRON \$150.00
- BENEFACTOR \$250.00
- DONOR \$350.00
- GUARANTOR \$600.00
- ANGEL \$1000.00
- SPONSOR \$2500.00
- DIRECTOR'S CIRCLE \$5000.00

BALLET ALLIANCE MEMBERSHIP *REQUIRED \$ _____

- \$30.00 PER FAMILY

PROMOTIONAL FEE *REQUIRED \$ 50.00

- \$50.00 PER FAMILY
(INCLUDES GROUP PHOTOGRAPHS FOR THE PLAYBILL)

COSTUME INVESTMENT FUND *REQUIRED

Used for upfitting, maintaining, cleaning, and rental of costumes for company productions.

- NUTCRACKER (FOR DANCERS ONLY IN THE NUCRACKER) # _____ @\$50.00 \$ _____
- JUNIOR COMPANIES # _____ @\$75.00 \$ _____
- SENIOR COMPANIES & ENSEMBLE # _____ @\$100.00 \$ _____

SUMMER ACADEMY

- **MANDATORY** ATTENDANCE FOR ALL SENIOR AND JUNIOR LEVEL COMPANY MEMBERS. ALL COMPANY MEMBERS MUST ATTEND THE SUMMER ACADEMY AT THE LEVEL RECOMMENDED BY THE ARTISTIC DIRECTOR.
- REGISTRATION REQUIRED AT LEAST ONE WEEK BEFORE CLASSES BEGIN
- FEE (\$300/WEEK) MAY BE PAID MONTHLY, QUARTERLY, OR IN FULL WITH REGISTRATION

\$ _____

GRAND TOTAL

\$ _____

WE ACCEPT CASH, CHECK, MASTERCARD, VISA

FOR OFFICE USE ONLY

Payment: Check _____ Cash _____ Credit Card _____

PF _____ BD _____

Carolina Ballet Volunteer Sheet

Please Print!

Dancer's Name _____

Volunteer's Name _____

Volunteer's Email _____ Phone # _____

PLEASE CHECK THE "TO DO" BOARD IN THE LOBBY WHEN YOU BRING YOUR CHILD FOR REHEARSALS. WE NEED YOUR HELP AND YOUR HELP IS GREATLY APPRECIATED!

Rehearsal Volunteer

Volunteer During Child's Rehearsal Time

Please Choose At Least One:

Costumes:

- _____ Hand-sewing
- _____ Machine-sewing
- _____ Ironing
- _____ Packing & Moving

Props:

- _____ Construction (Building Small Props)
- _____ Arts & Crafts (Gluing, Glittering, Painting)

Hospitality:

- _____ Donate food for rehearsals
- _____ Work with Snacks (sell & clean-up)
- _____ Help with fundraiser
- _____ T-shirt/Sweatshirt sales
- _____ Donate non-perishables (paper towels, etc.)

Other:

- _____ Section Leader
(Distribute info and coordinate group)
- _____ Sell Ads for Nutcracker
- _____ Publicity (Passing out flyers, posters, etc.)

Performance Volunteer

Volunteer During the Dress Rehearsal and Performances

Please Choose At Least One:

Supervising Children:

- _____ Monday (Evening Dress Rehearsal)
- _____ Tuesday (Morning Performance)
- _____ Wednesday (Morning Performance)
- _____ Friday (Evening Performance)
- _____ Saturday (Evening Performance)
- _____ Sunday (Afternoon Performance)

Backstage:

- _____ Props (hand out and collect)

Sales:

- _____ Lobby Sales (performance days)
- _____ Boutique Sales (rehearsal weekends)

Moving:

- _____ Use of Pick-up/Van
- _____ Load/Unload Truck

Check-In/Out:

- _____ Monitor sign-in/out sheet

