



*The Susquehanna Youth Ballet*

Of The Collective, Inc  
2020-2021

For office use only:

**AUDITION REGISTRATION**

Name: \_\_\_\_\_

Male:  Female:

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Grade/School: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Cell: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Clothing Size: (circle one) XSC SC MC LC XSA SA MA LA XLA

Do you wish to be considered for a YAGP variation\*? Yes  No

\*Must have at least 1 year of SYB/SYB2 experience and/or 1 year of pointe work to be considered.

If yes, please list your top 3 choices of variations:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Do you wish to be considered for small group (i.e. duet/trio) choreography for YAGP? Yes  No

\*Must have at least 1 year of SYB/SYB2 experience to be considered.