

Julia Wilkinson Manley, CEO & Artistic Director

Audition City: _____ Audition Number: _____
Please make payable to Colorado Conservatory of Dance.

First Name: _____ Last Name: _____

Gender (M/F): _____ Birthdate: ___/___/___ Age Today: _____ Years of Ballet Training: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Alt Phone: _____

Parent(s)/Guardian Name: _____

Relationship to student: _____

Student email address: _____

Parent/Guardian email address: _____

Current Ballet school: _____

Current Ballet instructors: _____

Current number of Ballet classes per week: _____ Number of pointe classes per week: _____

Previous Summer Intensives: _____

How did you hear about CCD? _____

Program Auditioning for:

- 2 week Advanced Summer Intensive. Please list dates: _____
- 4 week Advanced Summer Intensive. Please list dates: _____
- 6 week Advanced Summer Intensive
- I will need housing.
- I will not need housing.
- I am interested in Summer Moving Project Performance for an additional \$250

For office use only:

- Audition Fee Paid _____ Cash _____ Check _____ Pre-registered _____
- Accepted _____ Not Accepted _____ Waitlist _____
- Full Scholarship _____ Tuition Scholarship _____ % Partial Scholarship _____
- Placement Level _____

Notes:

