

2024 AUDITION FORM

VH DANCE CENTER

VON HEIDECKE'S CHICAGO FESTIVAL BALLET

PLEASE PRINT (all information marked with "*" is required)

*NAME _____

(Last Name, First Name)

*PARENT/GUARDIAN _____

*ADDRESS _____

*CITY _____ * STATE _____ *ZIP _____

*PHONE (____) _____ *EMAIL _____

DANCER INFORMATION –

*Date of Birth _____ Age _____ *Height _____

*Girth _____ *Hips _____ *Waist _____ *Bust _____

*Clothing Size _____ *Tight size _____

*T-shirt size _____

*Have you ever performed with VH Dance Center or the Chicago Festival Ballet?

Yes ____ No ____

If yes, when? _____

How did you hear about us? _____

*List any days of the week or specific dates you are not available for rehearsals:

*Describe your previous training: _____

*******DO NOT WRITE BELOW THIS LINE*******

Comments _____
