



Audition Form

Glasgow Aspiring Professionals 2009/10

Surname	
Other Names	
Address	
Postcode	
Telephone No.	

Date of Birth		AGE	
Most Recent Ballet Examination			
Result		Date	
Dance School			
Dance Teacher			

Signature of parent (or student if over 16) _____

Please return to:
Ballet West (Aspiring Professionals)
 Ichrachan House
 Taynuilt
 Argyll
 PA35 1HP