Boston Ballet School
PLEASE PRINT NEATLY

Audition # VID

Dancers will be considered for the Summer Program for which they are age eligible.

Last Name First Name .

Date of Birth / / Current Age Height Gender M F
(mm / dd / yr)

Permanent Street Address .

City State Zip Country Telephone# ( ) .

Student email Parent email .

Current Ballet School City and Country of Ballet School .

Teachers (list two teachers only) . . .

Years of Ballet Training Years on Pointe Total Hrs/week of ballet classes Total Hrs/week of pointe work .

What summer programs have you attended in the past two years? .

Have you attended Boston Ballet summer programs before? SDP year(s) Lab year(s) .

How did you hear about Boston Ballet's Summer Programs?

Brochure Web Site Dance Magazine Dance School Word of mouth Other

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DO NOT COMPLETE INFORMATION BELOW
THE INFORMATION BELOW THIS LINE IS TO BE FILLED OUT BY THE ADJUDICATOR – Not the applicant

NAME: AUDITION #: **VID**

Trainee ☐

_____ AGE AS OF 06/23/07
_____ YEARS OF BALLET TRAINING
_____ YEARS ON POINTE (*Men not applicable)*

Scholarships T ☐ F ☐

1= limited 2= Below Sat 3= Sat. 4= Above Sat. 5= Outstanding

Physical Facility

Proportions	Alignment	Rotation	Flexibility	Instep
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Dance Ability

Adagio	Pirouettes	Petit Allegro	Grand Allegro	Arms
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Movement Quality	Coordination	Musicality	Pointe / Mens Work
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

YES MAYBE NO