

BOSTON BALLET

MIKKO NISSINEN *Artistic Director*

COMPANY & BBII AUDITION REGISTRATION FORM

2009-2010 SEASON

PLEASE SELECT ONE DATE/LOCATION

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> _____ Saturday, March 14 th , 2009 | ▪ | Miami City Ballet studios |
| <input type="checkbox"/> _____ Sunday, March 15 th , 2009 | ▪ | School of American Ballet studios |
| <input type="checkbox"/> _____ Sunday, March 22 nd , 2009 | ▪ | San Francisco Ballet studios |
| <input type="checkbox"/> _____ Sunday, March 29 th , 2009 | ▪ | Boston Ballet Studios |

Please complete the following: CONTACT INFORMATION

_____		_____	
Last Name	Middle Initial	First Name	
_____		_____	
Street Address		Contact Phone	
_____		_____	
City	State	Zip Code	Email

PERSONAL INFORMATION

Male Female _____

Age _____ Citizenship _____

EDUCATION and PROFESSIONAL HISTORY

Current Company or School

Previous Training, if applicable

Please return this form to auditions@bostonballet.com or via snail mail:
Attention: Company Auditions, 19 Clarendon Street, Boston, MA 02116