

AIKEN CIVIC BALLET
NUTCRACKER AUDITION FORM

Dancer's Name: _____

Age _____

Parent/Guardian _____

Address: _____

City: _____ State _____ Zip _____

Email: _____

Contacts: Home: _____

Cell: _____

Work: _____

Dance Experience(if any): Ballet Tap Jazz Other

Number of Years: _____

Dance Studio Affiliation: _____