

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: \_\_\_\_\_

To be filled out by ACBC

Audition Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_