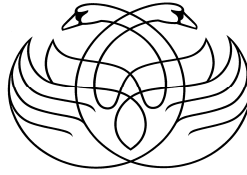


2009 SUMMER SESSION AUDITION FORM

Please Print Clearly

Kirov Academy of Ballet of WDC
4301 Harewood Road, NE
Washington, D.C. 20017-1558
www.kirovacademydc.org
Phone: (202) 636-0635
Fax: (202) 832-8995
Email: rorke@kirovacademydc.org



Audition # _____

NAME _____ Age _____ DOB _____ Gender _____ Grade _____
(Student) Last First MI Month/Day/Year 09-10 year

Address _____ Address line 2 _____

City _____ State _____ Zip Code _____ Country _____

Home Phone _____ Cell Phone _____

Country of Citizenship _____ Email _____

Father/Guardian Info:

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Mother/Guardian Info:

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

WHAT PROGRAM(S) ARE YOU INTERESTED IN ATTENDING?

Summer Session → Resident (housing needed) Commuter (no housing needed)
Full Year Program → Resident w/ Academics Commuter Commuter w/ Academics Apprentice (post high school)

QUESTIONNAIRE

(All information remains strictly confidential)

1. What ballet school do you currently attend: _____
2. Who are your teachers: _____

3. Why did you decide to attend this audition: _____

4. Why are you interested in Kirov Academy: _____

5. What other summer intensives have you attended: _____