

BCEC Audition Application

Child's Name: _____

Audition #: _____

Age: _____ Birthday: _____

Dance School Attending: _____ Ballet Teacher: _____

How many years: _____ How many hours of dance a week: _____

I am in ballet level: _____ Hours in ballet a week: _____

I have danced en pointe for: _____ years. How many hours a week: _____

Please list any special skills your child has (tumbling, gymnastics, dance tricks etc.):

I am interested in auditioning for the role(s) of _____

Signature of Parent/Cast Member: _____ Date: _____

Cell Phone Number: _____ Home Phone Number: _____

The Ballet Company
of east county

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