**YORK DANCE SCHOLARS**

**Patron: Xander Parish**

**Audition Form**

**Date of Auditions: 5th April 2025 (Closing date 31st March 2025)**

**PLEASE NOTE COVID 19 PERMITING, THIS YEARS AUDITIONS WILL TAKE PLACE IN PERSON, AT JOSEPH RONWTREE SCHOOL, YORK. THIS MAY BE SUBJECT TO ALTERATION IF CIRCUMSTANCES CHANGE.**

**Minimum Age requirement is 9 years old by 31st August 2025 Affix**

 **Photo**

**Audition Fee £30 -** BACS information on request.

*Please note that correspondence will be* ***sent by email***

Child’s Name:………………………………………………Surname……………………………….

Date of Birth………………………………………...Age on 31st August 2025………......................

Details: Ballet training ………..yrs. Jazz training ……..yrs. Contemporary training ………yrs.

Date and Grade of last Ballet exam ……………. Examining body…………… Result......................

Date and Grade of last Jazz exam ……………. Examining body…………… Result.....................

Details of any associate classes that you attend....................................................................................

Name of Parent / Guardian ………………………………………………………………………….…

Address: ……………………………………………………………………………………………….

Postcode: ……………… Email Address: ……………………………………………..……

Telephone ………………………………………. Mobile…………………………………………..

Name of Dance School………………………………………………………………………………….

Name and address of Principal …………………………………………………………………………

………………………………………………………………….………………Postcode……………

Email address ……………………………………… Telephone number ………………………….

**Dance Teacher’s Confirmation required by email to:** **d.rosemary@btinternet.com**

* I agree to abide by the rules of the York Dance Scholars if accepted.

**Signature of Parent or Guardian…………………………………………**

**Please complete and return via email to:** **d.rosemary@btinternet.com****. \*\*SCANNED FORM ONLY NOT PHOTOGRAPHS\*\***

**Please make payment via BACS.**