## Cecchetti Ballet Associates Application for Audition New Young Associates Sunday 3<sup>rd</sup> December 2023

Venue: Rambert School of Ballet and Contemporary Dance Clifton Lodge St Margaret's Drive Twickenham TW1 1QN

The completed form TWO A5/C5 stamped self-addressed envelopes, plus the audition fee of £35.00 (non-refundable) *must* be received by the closing date of Saturday 28<sup>th</sup>October 2023 and sent to Mrs Claire Hern at the address below.

Fee to be paid either by BACS transfer to Acct No: 00719673 sort code 30-99-72 with the student's name as payment ref or by cheque payable to 'The Cecchetti Associates' and sent to: **24 Kempton, Lydbury North, Shropshire SY70JG** 

Please indicate payment method: BACS transfer or Cheque **ELECTRONIC APPLICATIONS NOT ACCEPTED** 

| No dance is required for the audition  |  |             |
|--|--|-------------|
| All sections must be completed clearly in block capitals please  |  |             |
| Candidate  | First Name   |             |
|  | Surname  | M/F         |
|  | Date of Birth Age as of 1st December 2023          |             |
|  | Address  |             |
|  | PostcodeTel No                                     | Email       |
|  | Last Ballet examination passed with full result    | Method      |
|  | What is the standard of your current ballet class  | ?           |
| Acceptance of the Cecchetti Associate rules: -  The teacher and Parent/Guardian are each required to sign this entry form to indicate that they each understand, accept and undertake to abide by the rules of the Cecchetti Associates. |  |             |
| Parent/Guardian  |  |             |
|  | TitleFirst Name                                    | Surname     |
|  | Address (only if different from that of the candid | ate)        |
|  | PostcodeTel No                                     | Email       |
|  | Parents signature                                  | Date        |
| Please provide below an emergency contact number whilst your child is at the audition and any additional needs or information that may be pertinent to your child during the audition.   |  |             |
| Teacher(s)   | Name of School:                                    | Teacher     |
|  | Address  |             |
|  | Postcode   | Tel NoEmail |
|  | Teacher's signature                                | Date        |

The audition panel's decision is final, and no correspondence will be entered in to regarding the result