WHITE

Cecchetti Ballet Associates Application for Audition for New Applicants

The auditions will take place on Sunday 9th June 2024 (times to be advised)
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 Friday 10th May and sent to Mrs Claire Hern at the address below Electronic applications not accepted.

Fee to be paid either by BACS transfer to Acct No: 00719452 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 NB: In order that your application can be processed please ensure your envelopes are the correct size and have sufficient postage.

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 at 1st Sept 2024………Yrs. …………Mths……………

Address ………………………………………………………………………………………………….

Postcode ……………………Tel No ……………….............................Email.......................................

What is the standard of your current ballet class?...Method:………………………

Acceptance of the CBA 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

Title ……First Name …………………………...................... Surname………………………......................

Address (only if different from that of the candidate) ……………………………………………….........

Postcode ……………………Tel No ………………...............Email…………………...........................

Parent's 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.

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Teacher(s)   Name of School: …………………………………………Teacher…………………………………….

Address ……………………………………………………………………………………………….

Postcode …………………………………………. Tel No …………………………Email……………………….

Teacher's signature ………………………………………………… Date……………………………….

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