



DENVER BALLET THEATRE

## 2024 Coppelia Audition Form

**AUDITION #** \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Ballet Level \_\_\_\_\_ Studio Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### DANCE EXPERIENCE (NON-DBT ONLY)

How many years of ballet training have you had? \_\_\_\_\_

Pointe experience? (Circle one) Yes No If yes, how many years? \_\_\_\_\_

### PAYMENT

DBT Non-DBT

Fee: ☐ \$10 ☐ \$20

☐ Cash

☐ Check made out to Denver Ballet Theatre - Check # \_\_\_\_\_

☐ Zelle to dbtacademy@gmail.com

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_