

HOUSTON BALLET

Ben Stevenson Academy

To be completed by adjudicators:

Audition # _____

Audition City: _____

Date: _____

Student's Name: _____ Age today: _____

Gender: _____ Date of birth: ____/____/____

Height: _____ ft. _____ in. Years of ballet training: _____ Grade in school: _____

Address: _____ City: _____ State: _____

Zip: _____ Primary Phone #: _____ Secondary Phone #: _____

Parent(s)/Guardian Name: _____

Current ballet school: _____

Current ballet instructors: _____

Previous summer intensives: _____

Auditioned for Houston Ballet before today? Yes ____ No ____ If yes, when? _____

If accepted, at what level were you most recently placed? _____

If yes, what year(s) did you attend? _____

NOTE: ALL AUDITION RESULTS WILL BE EMAILED. PLEASE PROVIDE A VALID EMAIL ADDRESS:

EMAIL: _____

Please print legibly!

Houston Ballet's Ben Stevenson Academy employs the most thoroughly trained instructors for each class and audition. Utmost care will be given to all students. However, Houston Ballet will not be responsible for loss or injury to any student. I have read, understand and agree to the above statement.

X _____
Signature (Parent or Guardian for students under 18-if present)

____/____/____
Date

Accept _____

Wait List _____

Decline _____

FS-Tuition _____ PS-Tuition _____

FS-Dorm _____ PS-Dorm _____

Level _____

Comments: