**Gold Coast Youth Ballet Company**

**Presents**

**‘La Boutique Fantasque’**

**Audition Registration Form**

**Auditions will be held at:**

**House of Dance**

Unit 2/12 Hinde Street,

SOUTHPORT, Queensland

**on Sunday 1st March 10am - 1.00pm**

**Juniors - age 10 and under, no pointe work, Grade 5/inter foundation or below**

* 10am - 11am Juniors 10 and under class (inter-foundation/ Grade 5 or below)
* 11pm-11.30am Junior solos (students may present a classical solo, or improvisation, 2mins or under no pointe work)

**Intermediate/Seniors - pointe work, intermediate or above**

**(age guide 11 and over if studying pointe work)**

* 11.30pm -12.30pm Seniors 11 years and over (intermediate standard)
* 12.30pm-1.000pm Seniors solos (pointe work for solo 2 mins or under)

**Please complete the application form and email the completed signed form by February 29th**

**Please deposit the $25 audition fee into the account below and forward a copy of the receipt to [goldcoastyouthballetcompany@gmail.com](mailto:goldcoastyouthballetcompany@gmail.com) before 19th July 2019. Please use your child’s name as a reference.**

Account details are:

National Australia Bank

Name: Gold Coast Youth Ballet Company

BSB: 084-004

Account Number: 88-106-9533

**Please email a copy of the receipt to [goldcoastyouthballetcompany@gmail.com](mailto:goldcoastyouthballetcompany@gmail.com) along with your child’s name and date of birth.**

There is also a **model release form attached** to this email which needs to be signed and returned, as the auditions will be filmed and the footage will be used in media releases, social media and promotional material. If you do not wish for your child to be filmed a private audition will need to be arranged.

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**Gold Coast Youth Ballet Company is seeking dancers aged 7 to adults**

We are looking for students 7 years and over to join our production and perform in a professional environment, entertaining the community of the Gold Coast.

Rehearsal schedule

* Dancers who are selected for a role in this production will be required to attend rehearsals once per week commencing April **2020**.
* There will be extra rehearsals scheduled in the final week prior to the performance. These additional rehearsal dates and times will be confirmed closer to the performance time.

Fees

* Company fees include all classes, rehearsals, costume hire, and uniform fee.
* **The fee for participation is $560 per Company member.**
* **Junior company members will be charged a reduced fee of $360.00 (students aged 10 and under).**

Uniform & timing

* Please come dressed in a leotard, tights and ballet shoes with hair neatly pulled back in a bun. Senior students please bring pointe shoes. **Please do not forget your water bottle.**
* Please arrive 15mins early to warm up and don’t forget to smile and show us your love of dance.

We look forward to having you attend and participate in our audition.

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| Surname:  (of Applicant) | |  |  | | | | | | | | | | | | | |
| Christian Name:  (of Applicant) | |  | | | | | | | | | | | | | | |
| Parent’s Name: | |  | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | | | | | | | | | |
| City: | |  | | | | | State: | | | | | | | Post Code: | | |
| Email: | |  | | | | | | | | | | | | | | |
| Telephones: | | T: | | | | | | | | | | Mob: | | | | |
| Gender: | | Male | | | | | | | | Female | | | | | | |
| Date of Birth: | | Day: | | | | | | Month: | | | | | | | Year: | |
| Age: (at 1.1.2019) | | years | | | | | | | | | months | | | | | |
| Proof of Age: | | *Provide copy of:* | | Birth Certificate, Passport, Student ID or Drivers Licence | | | | | | | | | | | | |
| statistics | | height (cms & ft/in):  weight (kg & lbs): | | | | | | | | | | | | | | |
| Leotard Size | |  | | | | shoe size | | | street/ballet | | | | | | | |
| List injuries past and present: | | | | |  | | | | | | | | | | | |
| List medical issues and/or allergies: | | | | |  | | | | | | | | | | | |
| Declaration: | I authorise staff of The Gold Coast Youth Ballet Company, in the case of an emergency, to obtain all necessary medical assistance and treatment. I agree to meet any expenses attached to such treatment. | | | | | | | | | | | | | | | |
| Signature: |  | | | | | | | | | | | | Date: | | |  |
| *Applicants 18+ or parent/guardian of applicants <18 years must sign and date.* | | | | | | | | | | | | | | | | |
| Dance School Attended: | | | | | | | | | | | | | | | | |
| Teacher/s Name: | | | | | |  | | | | | | | | | | |
| Address: | | | | | |  | | | | | | | | | | |
| Telephone: | | | | | |  | | | | | | | | | | |
| Current level studied: | | | | | |  | | | | | | | | | | |
| Genres studied: | | | | | |  | | | | | | | | | | |
| Years en pointe: (if applicable) | | | | | |  | | | | | | | | | | |
| Confirm Audition Fee Paid:  ($20) | | | | | | Date paid:  Deposit reference: | | | | | | | | | | |

**Studio owners**

**All studios providing dancers for this production will be mentioned in the program.**

**Studios wishing to advertise in the program can purchase a full, half or quarter page advertisement by contacting Dianne on Ph: 0421581475**