

COMPANY AUDITION REGISTRATION
2025-2026 SEASON



Dancer's Name: _____

Parent's Name: _____
(Parent #1) (Parent #2)

Mailing Address: _____

(City, State) (Zip Code)

Parent's (1) Cell: _____ Parent's (2) Cell: _____

Dancer's Cell: _____ Emergency Contact: _____

Dancer's Age: _____ Dancer's Birth Date: _____ Dancer's Grade: _____

Dancer's E-Mail: _____ Parent's Email: _____

How many consecutive years of dance training with two or more classes per week? _____

Years of: Ballet _____ Pointe _____ Jazz _____ Tap _____ Modern _____

This audition is being held for The Loudoun Ballet Performing Arts Company.

The LBPAC Directors will decide placement in the Company.

All decisions are final. Notifications will be sent out within two weeks from date of audition.

Should a dancer choose their acceptance, they will be required to meet minimum class requirements.

Please include a 5x7 headshot labeled with name on the back.

No written comments to this form.

OFFICE USE: _____ NUMBER: _____

COMMENTS: _____

JR APPRENTICE _____ APPRENTICE _____ COMPANY MEMBER _____