



AUDITION REGISTRATION FORM 2023-24

200 Crichton Street
Ottawa, Ontario K1M 1W2
Phone: 613-238-7838
Fax: 613-238-7839
sylviedesrosiers@theschoolofdance.ca

CODE: CDP

Last Name: _____ First Name: _____

Date of Birth (mm/dd/yy): _____

Home Address: _____

City/Province

Postal Code

Home Phone: _____

Cell Phone : _____

Email Address: _____

Signature : _____

(Guardian signature if under 18 years old)

Date: _____

Select Audition Date: Sunday, April 2, 2023

Monday, August 21, 2023

Check list:

Resumé

2 Letters of Recommendation

High School Diploma and Transcript

Birth Certificate

Photograph

Medical Information (written by candidate)

(allergies, illnesses, mental health matters, history of/any ongoing injuries, etc.)

Covid-19 Vaccination Confirmation

\$50 Audition Fee

(cheque, MasterCard, VISA or e-transfer to archive@theschoolofdance.ca)

MasterCard/VISA #: _____

Expiry Date: _____

Name on Card: _____