



AUDITION REGISTRATION FORM 2024-25

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, March 3, 2024
Monday, August 19, 2024

- 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
 - \$75 Audition Fee
(cheque, MasterCard, VISA or e-transfer to archive@theschoolofdance.ca)

MasterCard/VISA #: _____

Expiry Date: _____

Name on Card: _____