



2024 AUDITION APPLICATION

ph: 509.386.0448 email: sdl@whitman.edu

www.whitman.edu/summer_dance

(Use this form for Online Submissions - Send completed application with \$40 audition fee payable to Summer Dance Lab % John Passafiume, 131 Highland Ave., Jersey City, NJ 07306, by May 30th.)

(PLEASE PRINT CLEARLY!)

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ STUDENT E-MAIL _____

HOME PHONE (____) _____ STUDENT CELL PHONE (____) _____

GENDER ___ HEIGHT ___ WEIGHT ___ DATE OF BIRTH ___ / ___ / ___ AGE ___

PARENT/GUARDIAN'S NAME _____

PARENT CELL PHONE (____) _____ PARENT E-MAIL _____

CURRENT BALLET INSTRUCTOR _____ STUDIO NAME _____

STUDIO ADDRESS _____ CITY _____ STATE _____ ZIP _____

STUDIO PHONE (____) _____ STUDIO WEB _____

STUDIO E-MAIL _____

Years of Dance Technique Training ___ Average number of classes per week ___ Scholastic G.P.A. ___

Do you belong to a regional civic ballet? ___ If 'yes' please provide name of company:

How did you hear about Summer Dance Lab?

Have you auditioned for SDL in the past & which year(s) _____

If a former SDL student, which year(s) did you attend and for how many weeks?

Please Select Attendance Preference For SDL 2024: All Attending Four Week Program

June 23 - July 20 ___ Three Week Program July 7 - July 20 ___ Two Week Program

June 23 - July 6 ___ Advanced Week June 23 - June 30 (By Invitation) _____

SIGNATURE OF STUDENT _____

_____ (For Director's Use Only) _____

Evaluation _____ / _____ Fee Paid _____

Notes: