PACIFIC NORTHWEST BALLET SCHOOL APPLICATION FOR ENROLLMENT 2024 FRANCIA RUSSELL CENTER SUMMER COURSE

FIRST NAME		LAST NAME		
MALE	FEMALE	NONBINARY		
NAME OF PARENT	OR GUARDIAN	N		
STUDENT E-MAIL*		PARENT/GUARDIAN EMAIL		
PERMANENT (HON	ME) ADDRESS_			
				ZIP
STUDENT CELL PHONEPARENT/GUARDIAN CELL PHONE				
BIRTHDATE		AGE	TOTAL #	YEARS BALLET TRAINING:
PLEASE LIST YOU	R CURRENT BA	ALLET SCHOOL:_		
SUMMER COURSE	S ATTENDED I	List school(s) and y	ear(s):	
LOCATION(S):				T YEAR(S) and AUDITION
			IF YES, WHEN & W	

^{*}All audition results will be sent via email. Please be sure to provide a complete (and legible) email address.