

NOTE: THIS FORM CANNOT BE COMPLETED ONLINE

Please print this form and return it with the required photographs, video (if appropriate) to:
THE OAKVILLE SCHOOL OF DANCE, 260 ROBINSON STREET, OAKVILLE, ONTARIO, L6J 1G6, CANADA



Please state which programme you wish to apply for:

	Please tick course
Company Training Programme	
Pre-Professional Programme	

APPLICATION FOR AUDITION

Reference No:
 (For office use only).....

Please use **PRINT** throughout. **N.B. No correspondence can be entered into if the result of the audition is unfavourable.**

1. Applicant's Name

Surname

First Name(s)

2. Date of Birth

Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex:	<input type="text"/>	<input type="text"/>
												Please circle	

3. Address

Address

Town/City Province/State/County.....

Post/Zip Code Country

Tel No Fax No

E-mail

4. Nationality

5. Height (in bare feet)ft.....ins / metres