White

**Cecchetti Ballet Associates Application for Audition**

**New Young Associates Sunday 3rd December 2023**

**Venue: Rambert School of Ballet and Contemporary Dance**

**Clifton Lodge St Margaret’s Drive Twickenham TW1 1QN**

**The completed form TWO A5/C5 stamped self-addressed envelopes, plus the audition fee of £35.00 (non-refundable) *must* be received by the closing date of Saturday 28thOctober 2023 and sent to Mrs Claire Hern at the address below.**

Fee to be paid either by BACS transfer to Acct No: 00719673 sort code 30-99-72 with the student’s name as payment ref or by cheque payable to ‘The Cecchetti Associates’ and sent to: **24 Kempton, Lydbury North, Shropshire SY70JG**

**Please indicate payment method: BACS transfer or Cheque ELECTRONIC APPLICATIONS NOT ACCEPTED**

No dance is required for the audition

**All sections must be completed clearly** in block capitals please

**Candidate** First Name ……………………………………………………………………………………………………………

Surname …………………………………………………………………….M/F………………………………….

Date of Birth ………………………… Age as of 1st December 2023……………………………………………

Address ……………………………………………………………………………………………………………….

Postcode ……………………Tel No ………………................................Email................................................

Last Ballet examination passed with full result..............................................Method...................................

What is the standard of your current ballet class?........................................................................................

**Acceptance of the Cecchetti Associate rules: -**

**The teacher and Parent/Guardian are each required to sign this entry form to indicate that they**

**each understand, accept and undertake to abide by the rules of the Cecchetti Associates.**

**Parent/Guardian**

Title ……First Name ……………………………........................ Surname…………………….......................

Address (only if different from that of the candidate)………………………………………………………..........

Postcode ……………………Tel No …………………...............Email…………………….................................

**Parents signature** …………………………………………………… Date……………………………………….

**Please provide below an emergency contact number whilst your child is at the audition and any additional needs or information that may be pertinent to your child during the audition.**

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**Teacher(s)** Name of School: ……………………………………………Teacher………………………………………………

Address ………………………………………………………………………………………………………………..

Postcode ………………………………………….. Tel No …………………………Email……………………….

**Teacher’s signature** ………………………………………………… Date……………………………………….

**The audition panel’s decision is final, and no correspondence will be entered in to regarding the result**