

RED RIVER DANCE THEATRE COMPANY
REGISTRATION FORM

NAME _____ AGE _____ D/O/B _____

ADDRESS _____ PHONE _____

CITY, STATE, ZIP _____ E-MAIL _____

PARENTS _____ E-MAIL _____

YEARS OF PRIOR TRAINING: BALLET _____ MODERN _____ JAZZ _____ POINTE _____

CURRENT TEACHER _____

NAME OF STUDIO _____

STUDIO ADDRESS _____

CITY, STATE, ZIP _____

ACADEMIC SCHOOL ATTENDING IN THE FALL _____

WHERE DID YOU HEAR ABOUT OUR AUDITION? _____