

STUDENT INFORMATION

Name _____ Gender _____

Date of Birth (MM/DD/YYYY) ____ / ____ / ____ Age as of August 1, 2023 ____

BALLET TRAINING

Years of Training _____ Years on Pointe (if applicable) _____

Previous Ballet School(s) and Instructor(s):

PARENT INFORMATION

Parent / Guardian 1:

Name _____ Gender _____
Address _____ City _____ State _____
Zip Code _____ Home Phone _____ Work _____ Cell _____
Email _____

Parent / Guardian 2:

Name _____ Gender _____
Address _____ City _____ State _____
Zip Code _____ Home Phone _____ Work _____ Cell _____
Email _____

EMERGENCY CONTACT (If parents cannot be reached)

Name _____
Home Phone _____ Cell _____
Relationship to Student _____

How did you hear about the ABT William J. Gillespie School?

PAYMENT INFORMATION

Payment of the \$35.00 audition fee may be made by cash, check or credit card.
All payments are final and no refunds will be granted.

Make checks payable to: Segerstrom Center for the Arts

Credit Card Information

Select one: Visa MasterCard American Express Discover

_____/_____
Card Number Expiration

Print Name Signature

To keep your financial information secure, please **do not send your full credit card information via email.**
Please Fax over any registration containing card information or call us to provide payment.

Notification of results will be provided via email within two weeks of audition date/video submission.

Please return forms along with payment via:

Fax (714) 427-2429

Mail ABT William J. Gillespie School
 at Segerstrom Center for the Arts
 600 Town Center Drive
 Costa Mesa, CA 92626

Email ABTGillespieSchool@scfta.org

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Date Processed: _____ Initials: _____