



ATTACH  
PASSPORT  
PHOTO  
HERE

**(Photo is essential  
for identification at  
audition)**

## QL2 AUDITION APPLICATION FORM

PROJECT	
DANCER'S NAME	
MALE/ FEMALE	DATE OF BIRTH
PARENTS/GUARDIANS (IF DANCER IS UNDER 18)	
ADDRESS	
DANCERS EMAIL	
PARENTS/GUARDIANS EMAIL	
DANCER'S PHONE (DAY, NIGHT, MOBILE)	
PARENTS/GUARDIANS PHONE (DAY, NIGHT, MOBILE)	
SIGNIFICANT MEDICAL CONDITIONS WE NEED TO KNOW ABOUT :	

DANCE OR MOVEMENT SCHOOL
DANCE OR MOVEMENT TEACHERS
PREVIOUS DANCE OR PERFORMING EXPERIENCE
<p><b>I understand the commitment required to participate in a QL2 project. If I am selected I will attend all rehearsals and performances as in the flier.</b></p> <p>DANCER'S SIGNATURE</p>  <p>PARENT OR GURADIAN'S SIGNATURE (IF UNDER 18)</p>

QL2 Centre for Youth Dance Inc  
Gorman House Arts Centre  
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