

2011 QL2 APPLICATION FORM

PROJECT NAME

DANCER'S NAME M/F (CIRCLE)

DATE OF BIRTH

ADDRESS

DANCER'S EMAIL

DANCER'S PHONE NUMBER (DAY, NIGHT & MOBILE)

PARENT/GUARDIAN (IF UNDER 18)

PARENT/GUARDIAN'S EMAIL

PARENT/GUARDIAN'S PHONE NUMBER (DAY, NIGHT & MOBILE)

SIGNIFICANT MEDICAL CONDITIONS WE NEED TO KNOW ABOUT

PREVIOUS DANCE TRAINING OR PERFORMING EXPERIENCE
(USE SEPARATE PAGE IF REQUIRED)

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

DANCER'S SIGNATURE

PARENT/GUARDIAN'S SIGNATURE (IF UNDER 18)

Yes, I would like to receive future information about QL2 activities.

ATTACH
PASSPORT PHOTO
HERE

(Photo is essential
for identification
at audition)