

Confirmation sent _____ Date: _____

SSDI 2010 AUDITION REGISTRATION FORM

**Please complete form and mail to SSDI, 1103 Schooner Place, Sanibel, FL 33957.
Please submit with 1) a check payable to SSDI for \$20, and 2) a full body arabesque photo,
preferably on pointe. Check and photo may also be brought to the audition site.**

STUDENT NAME: _____

ADDRESS: _____
(Street)

(City) (State) (Zip Code)

PHONE #'S: (_____) _____ (_____) _____ (_____) _____
(home) (work) (cell)

PARENT/S NAME: _____

PARENT/s EMAIL ADDRESS: _____

STUDENT'S AGE (on June 16): _____

DANCE EXPERIENCE:

Number of years of ballet: _____

Current Studio: _____ **# yrs:** _____

Current Instructor/s: _____

Address: _____

Phone Number: _____

Previous summer programs: _____

AUDITIONING TO BE AN SSDI:
BOARDING STUDENT _____ **DAY STUDENT:** _____ **NOT SURE YET:** _____

AUDITION LOCATION: _____

NOTES: