



Princeton Dance & Theater Studio

Number _____

Please complete and return form with the fee. The fee is \$25 if paid in advance (at least 24 hr prior) Audition fee is \$30 at the door, and \$25 if auditioning via video.

Payable to: **PDT Studio** Address: 116 Rockingham Row, Princeton, NJ 08540

Circle one: Auditioning by **VIDEO** or **IN PERSON**.

Circle one: Interested in **DAY** or **BOARDING STUDENT**.

Date: _____ Male Female Birthday: _____
Circle one Age: _____
As of June 1

Student: _____ Height: _____
Weight: _____

Address: _____

City State Zip Code
Daytime Phone: () _____ Evening Phone: () _____
Cell Phone: () _____

Parents E-mail address: _____

Dancers E-mail address: _____

Current Dance School: _____
Classes per week: _____ Years of Training: _____

Summer programs you have attended in the past two years: _____

Parent or Legal Guardian: _____
Home Address (if different from above): _____
Parent or Legal Guardian emergency phone number (cell) _____

Please attach a photograph in first arabesque.

I certify that my child is in good health and capable of participating in all activities and classes. I hereby release and forever discharge PDT Studio of and from any and all claims, demands, rights or cause of action of whatsoever kind or nature, arising from, or by reason of, any and all known or unknown, foreseen or unforeseen bodily or personal injuries and the consequences thereof.

Signature of Parent of Guardian _____ Date _____

PDT use only	
Number _____	Comments _____