

THE ROCK SCHOOL WEST SUMMER JAZZ INTENSIVE

DVD/VIDEO Audition
Submission DATE:

PLEASE PRINT

LAST NAME		FIRST		
STREET ADDRESS				APT #
CITY			STATE	ZIP
COUNTRY	AGE	BIRTH DATE	GRADE	GENDER
TELEPHONE		Parent E-MAIL		
WHERE DID YOU LEARN ABOUT THE ROCK SCHOOL:				
YEARS OF JAZZ TRAINING	YEARS OF BALLET TRAINING		PRESENT DANCE SCHOOL	
PREVIOUS WORKSHOPS				

FOR ROCK SCHOOL USE ONLY:

NOTES

TUITION _____

ACCEPTED NO YES LEVEL