



PACIFIC NORTHWEST BALLET SCHOOL
PETER BOAL DIRECTOR

**AUDITION REGISTRATION FORM
2024-25 SCHOOL YEAR**

Please submit this form with the \$45 Audition Fee.

STUDENT NAME (FIRST AND LAST): _____

MALE FEMALE NONBINARY

NAME OF PARENT OR GUARDIAN _____

PERMANENT (HOME) ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT CELL PHONE _____

STUDENT E-MAIL* _____ PARENT/GUARDIAN EMAIL _____

BIRTHDATE _____ AGE _____

TOTAL # YEARS BALLET TRAINING: _____ CURRENT BALLET SCHOOL: _____

LIST OTHER BALLET SCHOOLS (not summer courses) YOU HAVE ATTENDED OVER THE LAST 5 YEARS (if any):

SUMMER COURSES ATTENDED *List school(s) and year(s)*: _____

HAVE YOU AUDITIONED FOR PNBS IN THE PAST? _____ IF YES, LIST YEAR(S) and AUDITION LOCATION(S):

HAVE YOU STUDIED WITH PNBS BEFORE? _____ IF YES, WHEN & WHAT LEVEL(S)? _____

*All audition results will be sent via email. Please be sure to provide a complete (and legible) email address.