

Name of Dancer\_\_\_\_

## LBT / LBT 2 Acknowledgement Page

1.	I have read the requirements sheets and allow my child to audition for LBT / LBT 2.			
2.	If accepted, I agree to allow my child to become a member or apprentice of LBT / LBT 2.			
3.	I realize that if accepted, this commitment is for the entire school year. Breaking a contract mid-year, for any reason besides serious illness, injury or family relocation, is unprofessional and the dancer will			
	not be able to re-audition for any LBT function or concert. No fees are refundable.			
4.	I agree to pay the necessary fees and provide the necessary items mentioned in the requirement			
5.	I understand that one half of the annual \$750 fee is due at the time of the <u>audition</u> . If not accepted i the company, my fee will be returned.			
6.	If accepted, I understand that the signed contract is due by the Meet and Greet meeting on May 22, 2021. I will also turn in the remaining half of my fee by the annual meeting in September 2021.			
7.	I understand that LBT and LBT 2 are strongly supported by parent volunteers and I am willing to contribute my time as needed (minimum of 30 hours: 15 hours in the fall and 15 hours in the spring)			
8.	I will make sure my dancer arrives promptly to all classes and rehearsals. I will assist my child in learning to communicate professionally with the director(s) when it comes to conflicts, etc. These communication skills will be necessary in the future. A two-week notice is required for potential conflicts.			
9.	If accepted, I will go over the detailed contract with my child and uphold this agreement with the LakeCities Ballet Theatre Organization.			
10.	At least one parent of each dancer will attend the Meet and Greet meeting (May 22, 2021) and dancers and at least one parent will attend the annual LBT/LBT 2 company meeting in September.			
Accep	ted and agreed to by:			
DANG	CER SIGNATURE PARENT SIGNATURE			
DATE	DATE			

## LBT & LBT 2

## **Audition application 2021-2022**

Name:	Studio Level (Ballet):	
Parents' Names (if under 18)		
Address:		
City/Zip Code:	School	Grade (Fall 2021)
Home Phone:	Mom Cell:	
Dad Cell:	Dancer Cell:	
We communicate primarily through	email; please LEGIBLY include all addr	esses necessary to stay informed:
Mom Email:	Dad Email:	
Dancer Email:	Other Email:	
Age:Birthday:_	/ / Height:	Weight:
Please list # of classes per week in e	each dance form:	
Ballet:		TOTAL HOURS PER WEEK (ALL)
Modern:		
ap:		# Days per Week:
Pilates:	Conditioning:	
Other (list anything else that enhance	es your dance training):	
	BT 2, IDC, etc. and include # of years). Pl mance schedule (ex: orchestra, piano, work	
(Conflicts may determine whether a	or not we can accept you, as well as past at	tendance records)