**Trinity Laban Youth Dance Company Audition 16/17**

**Thursday 15 or Friday 16 September 2016, 5:30-8:00pm**

Advance Booking is essential. Please complete this booking form and return by email:

**youthprogramme@trinitylaban.ac.uk** or post: **Trinity Laban Youth Dance Company Auditions, Learning and Participation (Dance), Trinity Laban Conservatoire of Music and Dance, Creekside, London, SE8 3DZ.**

* Please book early to avoid disappointment.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details - Please complete each section clearly in black ink** | | | | | | | | | | | | | | | | | | | | | |
| Surname |  | | | | | | | | Forenames: | | | | | | |  | | | | | |
| Date of Birth |  | | | | | | Age | |  | | | | | | | Gender | | | | |  |
| Parent/Guardian Name | |  | | | | | | | | | | | | | | | | | | | |
| Permanent  (home) Address |  | | | | | | | | | | | | | | | | | | | | |
| Postcode |  | | | | London  borough | | |  | | | | | | Home  telephone | | | |  | | | |
| Student Mobile |  | | | | | | | | | | | **Emergency Contact Information** | | | | | | | | | |
| Student Email |  | | | | | | | | | | | Name | | | |  | | | | | |
| Parent Mobile |  | | | | | | | | | | | Telephone | | | |  | | | | | |
| Parent Email |  | | | | | | | | | | | Preference  email | | | |  | | | | | |
|  |  | | | | | | | | | | |  | | | |  | | | | | |
| **Audition Details** | | | | | | | | | | | | | | | | | | | | | |
| Which date would you like to audition?  Thursday 15 or Friday 16 September 2016, 5:30 – 8:00pm | | | | | | | | | |  | | | | | | | | | | | |
| How did you hear about the auditions? | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | |  | | | |
| **Education Details** | | | | | | | | | | | | | | | | | | | | | |
| School Name |  | | | | | | | | | | | | | | | School Year | | | |  | |
| School Address |  | | | | | | | | | | | | | | | Post Code | | | |  | |
|  |  | | | | | | | |  | | | | | | |  | | | | | |
| **Other Information** | | | | | | | | | | | | | | | | | | | | | |
| Please give details of any special need,  access requirements or medical condition  that the we need be aware of | | | | | |  | | | | | | | | | | | | | | | |
| Have you previously danced at Laban?  If yes in which class? | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Signed (Parent/Guardian) | | |  | | | | | | | | | | | | Date | | | |  | | |

**Please note that we will be in contact to confirm your audition in early September.**