**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.**