**Trinity Laban Youth Dance Company Open Day and Audition Application Form 17/18**

**Open Evening Tuesday 20 June 18.00-20.00hrs**

**Auditions Monday 03 or Tuesday 04 July 2017 17:30-20:00 hrs**

**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.**

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| **Please tick which event you would like to attend** | |
| Open Evening Tuesday 21 June |  |
| Audition on Monday 03 July |  |
| Audition on Tuesday 04 July |  |

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| **Personal Details - Please complete each section clearly in black ink** | | | | | | | | | | | | | | | | | | |
| Surname |  | | | | | | Forenames: | | | | | | |  | | | | |
| Date of Birth |  | | | | Age (on 01 Sep 2017) | |  | | | | | | | Gender | | | |  |
| Parent/Guardian Name | |  | | | | | | | | | | | | | | | | |
| Permanent  (home) Address |  | | | | | | | | | | | | | | | | | |
| Postcode |  | | | London  borough | |  | | | | | Home  telephone | | | | |  | | |
| Student Email |  | | | | | | | | Student Mobile | | | |  | | | | | |
| Parent Mobile |  | | | | | | | | **Emergency Contact Information** | | | | | | | | | |
| Parent Email |  | | | | | | | | Name | | | | |  | | | | |
| School Name |  | | | | | | | | Telephone | | | | |  | | | | |
| School Year in September 2017 |  | | | | | | | | Preference  email | | | | |  | | | | |
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| **Dance Experience:** Write about your dance experience, dance school/club you attend, dance projects you have  taken part in, dance qualifications you have obtained and what you enjoy about dance. | | | | | | | | | | | | | | | | | | |
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| **Why do you want to become part of the Trinity Laban Youth Dance Company?** | | | | | | | | | | | | | | | | | | |
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| **How did you hear about the Trinity Laban Youth Dance Company Open Evening/Auditions?** | | | | | | | | | | | | | | | | | | |
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| **I have read all the information provided and support my child’s application. I give permission for my child to attend the Trinity Laban Youth Dance Company Open Evening and/or Audition.** | | | | | | | | | | | | | | | | | | |
| Signed (Parent/Guardian) | | |  | | | | | | | | | Date | | | | |  | |
| Signed (Student) | | |  | | | | | | | | | Date | | | | |  | |