**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 havetaken 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 |  |