



TAMPA CITY BALLET
DANCE THEATER COMPANY

THE NUTCRACKER AUDITION FORM 2023

Name	Birthday MM/DD/YYYY	Age
Home Phone Number	Cell Phone Number	
Email Address		
Current Dance Studio	Years of Ballet Training	Years on Pointe
Please list most recent roles/productions		

The performances are on **Saturday, December 2 at 6:00 pm, Sunday, December 3 at 4:00 pm and Tuesday, December 5 at 10:00 am** at the University of South Florida, Theater 1.
Saturday, December 16 at 2:00 pm and 7:00 pm at the Carrollwood Cultural Center and **Sunday, December 17 at 4:00 pm** at the New Tampa Performing Arts Center.

Please respond by checking the box

Any conflicts with the Community Engagement performances? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please describe below:
Any rehearsal conflicts from Sept 30 to December 15? (Note: For 6-9 years old, rehearsals will be on Saturdays). <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please describe below:

AUDITION DATE (Please Select One):

SEPTEMBER 16

SEPTEMBER 23

AUDITION AGREEMENT

Audition Fee

A \$35 audition fee is due by the audition day. Auditions are held on **Saturday, September 16 and Saturday, September 23**. You do not need to attend on both dates.

Sponsorship Fee

Participants are required to collect a sponsorship fee to support costs associated with the production, i.e., costume rental, film, rehearsals, faculty, etc. Sponsorship fees are as follow:

- Individual: \$200.
- Families: \$200 + \$100 for each additional cast member.

The sponsorship fee is due on **Friday, October 20**.

I, the parent/guardian of _____ understand that participation in The Nutcracker performance, presented by Tampa City Ballet School in benefit of Tampa City Ballet, requires a submission of a \$35 audition fee (due by the day of audition) and a \$200 sponsorship fee (due by October 20 th , 2023). I understand that all scheduled rehearsals are mandatory. Students missing more than two rehearsals without prior approval by their teachers, or the artistic director may not perform and the sponsorship fee will not be refunded.	
Cast Member Name: _____ Please print clearly as it will appear in the program.	Parent/Guardian Printed Name: _____
Cast Member Signature: _____	Parent/Guardian Signature: _____
Date: _____/_____/_____ (MM/DD/YYYY)	

OFFICE USE ONLY:

Registered as Cast Member by: _____ Date: ____/____/____

___ Audition Fee | Payment Method: _____

___ Sponsorship Fee | Payment Method: _____