

City Ballet of Cleveland *Uniquely Cleveland Nutcracker*
Audition Form and Agreement
13108 Shaker Square • Shaker Square • Cleveland, OH 44120
216-848-9088
www.cityballetofcleveland.org • Email: info@cityballetofcleveland.org

Name _____
Please Print Dancer's Last Name *Please Print Dancer's First Name*

Address _____

City _____ State _____ Zip _____

Phone _____ Home Email: _____

Dancer's Cell # _____ Dancer's Email _____

Mother's Name _____ Work Phone _____

Cell Phone _____ Email _____

Mother's Place of Employment _____ Occupation _____

Father's Name _____ Work Phone _____

Cell Phone _____ Email _____

Father's Place of Employment _____ Occupation _____

Dancer's Age _____ Date of Birth _____ Height _____ Weight _____

Emergency Phone (____) _____

Previous Experience (or attach resume)

Current Place of Dance Instruction

How did you find out about this audition? (Please circle)

Flyer (Studio name) _____ Word of mouth/
Press Release / Company Website / Studio Website / Other _____

I hereby acknowledge that I understand the requirements set forth for the City Ballet of Cleveland's "Uniquely Cleveland Nutcracker". I will accept any and all roles I and/or the dancer are offered. I am bound by the terms set forth by the City Ballet of Cleveland, including the obligations for the non-refundable \$25 audition fee due Thursday, prior to the audition day. (After this day \$40 audition fee) and fundraising required by all the dancers and families (Several options are available). I also understand that no refunds will be given unless a withdrawal notice is accompanied by a verified doctor's excuse stating extreme illness or injury.

***Must be signed** _____
Signature of parent or guardian *Date*

Please list any medical problems or allergies:

**Cleveland City Dance/City Ballet of Cleveland Medical Release Form
(Rehearsals will be held at the Cleveland City Dance Studios)**

On behalf of my child and myself, I understand that classes and rehearsals involving physical activity, such as dance, present a risk of physical injury or illness, and acknowledge and agree that neither Cleveland City Dance studio, nor its Director or instructors shall bear any responsibility, or have any liability, for any personal injury or illness that may result from participation in any of its classes or any of its related functions.

Family Physician & Phone Number _____

Medical Conditions and/or Allergies _____

***Must be signed** _____

Signature of parent or guardian

Date

City Ballet of Cleveland - Media Release Form -I give my permission for photographs or television footage that include my company dancer to be used for promotional purposes on the City Ballet of Cleveland and Cleveland City Dance websites, television, newspapers, magazines, brochures, billboards, or any other form of advertising.

***Must be signed** _____

Signature of parent or guardian

Date

Checks made payable to City Ballet of Cleveland•

\$25 Non-refundable audition fee due Thursday prior to audition (cash or check only) \$40 Day of Audition.

Please note there are other financial commitments including, yet not limited to fundraising activities

FRONT OFFICE USE ONLY

Date: _____ Amount Paid \$ _____ Check # _____ or Cash or Credit Card

Audition Date: _____

Roles offered:

ACT I	ACT II
Party Scene	Angels
Parent	Sugarplum
Child/Boy	Spain
Child/Girl	Arabia
Teen	English Gigue
Kathryn	China
Walter her little brother	Shepherdess
Assistant & Nutcracker Prince	Russian
	Ginger
Battle	
Mouse	Act I Understudy
Baseball Player	
Umpire	Act II Understudy
Snow	

**Sons & Daughters are also possible Baseball Players, Mice, and Shepherdess & English Gigue **Mice are also possible Gingers and Shepherdess **Understudies are expected at all their rehearsals and may become primary cast