**ENBYouthCo Audition Workshop**

**Sunday 20 May 2018, 10am – 4pm**

**English National Ballet, Markova House, 39 Jay Mews, London, SW7 2ES**

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| **Name:** | |
| **Address:** | |
| **DOB:** | |
| **Telephone:** | **Email:** |
| **Emergency Contact Name:** | **Emergency Contact Number:** |
| **Parent/guardian email address:** | |
| **Medical Information** (existing injuries or illnesses, medication, access requirements, SEN etc): | |

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| **Please tell us about your dance training and experience:** |

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| **Please tell us why you wish to be part of ENBYouthCo:** |

Please complete and return this form with a headshot via email to [engagement@ballet.org.uk](mailto:engagement@ballet.org.uk) by **Wednesday 9 May 2018.**