



VANCLIFFEN ARTS FOUNDATION

P. O. BOX 237, Malton, Ontario, L4T 3B6 Canada

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Ballet Competition Registration Form

Student's Information: Please print

Student's Name: _____

Date of Birth: (M/D/Y) : _____ Years of Training : _____

Home Address: _____
(complete)

Home Telephone Number: _____ Cell: _____

Name of Parent/ Guardian: _____

Telephone Contact Number of Parent/Guardian: _____

Student's Email Address if over 18: _____

Parent's Email Address: _____

Dance School Information:

Teacher's Name: _____

School E. Mail : _____

Teacher's E -mail : _____

School Phone Number: _____ Fax Number: _____

Classical Variations: _____

Free Variations – Name of Piece: _____

Music By: _____

Choreography By : _____

In order to participate in the International Ballet Competition in Italy must comply with Rules and Regulation which appears on our web site: www.vancliffenartsfoundation.org

Liability Release: Vancliffen Arts Foundation, its employees, administrators, volunteers, and associates will not be held accountable from any actions, claims, demands, damages, cost or expenses by reasons or relating in any way to the participation in the Dance Competition Audition

Student's Signature: _____ Date: _____
(18 years old and up)

Guardian, Parent's Signature (if student is under age): _____

**** If you would like to be an affiliated member of Vancliffen Arts Foundation please contact us.