

Ballettschule Theater Basel
Elisabethenstrasse 16
CH - 4051 Basel

+41 61 295 14 45
btb@theater-basel.ch
ballettschuletheaterbasel.ch



Audition Application form – Ballettschule Theater Basel

First Name, Last Name

Address

Telephone Mobile phone

E-Mail

Date of birth Nationality / Current passports

Height Weight

Allergies

Previous injuries

Existing medical conditions

Academic school level (year)

Name of academic school

Name of ballet school

Started ballet at the age of

Number of ballet classes per week at present

Number of modern classes per week at present

Parent's Name

Parent's address

Parent's Telephone Mobile phone

Parent's e-mail

Date Signature student Signature Parent

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**Please add a Passport Photo on top and 2 full body photographs in your ballet cloths to:
btb@theater-basel.ch**