



**Northern California Ballet  
Application for the 2010  
Intensive Summer Workshop**

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Parents: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Carrier and Number (Attach copy of insurance cards.):

\_\_\_\_\_

List any health problems: \_\_\_\_\_

\_\_\_\_\_

Dietary Requirements and Preferences: \_\_\_\_\_

Housing Preference: \_\_\_\_\_

How Long have you danced? \_\_\_\_\_

How many classes per week? \_\_\_\_\_

Where: \_\_\_\_\_

Please send one full length dance photo.

Please, ask you instructor to send a letter of reference about your dance background to

Trudi Angel, Artistic Director  
Northern California Ballet  
5794 Clark Road  
Paradise, CA 95969

Or email [TruAngel@comcast.net](mailto:TruAngel@comcast.net)