



**Northern California Ballet
Application for the 2017
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