Dancer Name_____ **Age**_____ **Birthdate**_____ **#**_____
first and last *as of 10/05/2026* *MM / DD / YYYY*

2026 *The Nutcracker* Audition Form

In-Studio Rehearsals	
9/19, 9/26 & 9/27, 10/03 & 10/04, 10/10	**Rehearsal at ABAA Studios**
10/15 through 10/18	NO REHEARSAL - Fall Break
10/24, 10/31, 11/07, 11/14	**Rehearsal at ABAA Studios**
Sunday, 11/01	**Photo Day at ABAA Studios - Optional**
11/24 through 11/29	NO REHEARSAL - Thanksgiving Break
12/05	**"Full Act" Rehearsals at ABAA Studios**
"Nutcracker Week" Theatre Rehearsals at Ted Mann Concert Hall	
Wednesday-Friday, 12/09-12/13, 4:30pm-9:00	**Tech & Dress Rehearsals at Ted Mann Concert Hall**
Four (4) Performances	
Saturday, 12/12: 2:00pm & 6:00pm	**Sunday, 12/13: 1:00pm & 5:00pm**

At the discretion of the Director, one (1) absence may be considered for an important family, religious, or school event. Please list your one (1) requested excused absence (date and event) below if applicable. No absences will be considered during the following dates: 11/30-12/13; attendance during these dates is mandatory. Absences that are not listed on this form will not be considered.

Requested excused absence (if applicable):

With the exception of any requested excused absence above, my child is available to rehearse at ABAA studios on the dates listed. **Yes | No**

My child is available to rehearse at Ted Mann Concert Hall on the U of M campus during "Nutcracker Week." **Yes | No**

I am able to commit to all four (4) performance dates/times listed above. **Yes | No**

I understand that dancers must be actively enrolled in a ballet or pre-ballet class at ABAA in order to participate in *The Nutcracker* rehearsals and performances. My child is enrolled at ABAA for the 2026-27 Academy Season. **Yes | No**

I understand that dancers' role(s) will be indicated on their acceptance email. If my child is cast, they will accept their place in *The Nutcracker* production as a whole, and will rehearse and perform to the best of their ability in the role(s) in which they are cast. **Yes | No**

The email address where I wish to receive my audition results is:

Please fill out **ONLY** if you were **NOT** a student of ABAA for the **2025-2026 (PRIOR YEAR)** Academy Season:

Student's Academic School **2026/27**_____ Student's Academic Grade Level **26/27**_____
Previous Dance Experience_____
Parent/Guardian Name(s)_____
Street Address_____
Primary Phone_____ Secondary Phone _____
Email (if different from above)_____
Emergency Contact:
Name_____ Phone _____ Relationship (to student) _____

Waiver/Release

I hereby release Ashley Ballet Arts Academy ("ABAA") and its agents and employees from all liability for personal injury, illness, or property damage occurring on or off the premises leased by ABAA, whether or not caused by negligence of ABAA or its agents or employees. I certify that students listed above are in good health and capable of participation in all activities and classes. In an emergency, I authorize ABAA to take such temporary measures as ABAA deems appropriate. I hereby give permission to ABAA to take photographs and/or videos of students listed above that will become permanent property of ABAA. I consent to the use of such materials for promotional purposes by ABAA. I agree to pay my account in full when due. I agree to pay any and all fees associated with the collection of any outstanding balances on my account.

Signature of Parent/Guardian _____ *Date* _____

$35 Audition Fee due at time of audition	Pay by: cash, check (payable to: ABAA), or Visa/MC/Discover (5% fee applies to card transactions)
office use only Payment: cash | check _____ | card_____ charge on acct _____ | pmt processed _____	

Office use only: Height:_____ Bust:_____ Waist:_____ Hip:_____Girth:_____ Inseam:_____ Leotard Size:_____