



**MASTERS OF BALLET**  
INTENSIVE COURSE IN LONDON

## Masters of Ballet Summer Intensive Application 2019

Students full Name. \_\_\_\_\_

Address. \_\_\_\_\_

Post Code/Country. \_\_\_\_\_

Mobile. \_\_\_\_\_

Email. \_\_\_\_\_

Date of Birth. \_\_\_\_\_

Current Ballet School. \_\_\_\_\_

Current ballet level/ Grade. \_\_\_\_\_

If applicable, amount of time on point. \_\_\_\_\_

Age at start of course. \_\_\_\_\_

Any known physical disabilities, health conditions or injuries.

Please tick which weeks you want.

Week 1: 12-16th August

Week 2: 19-24th August

Two Weeks: 12-24th August

Parents name. \_\_\_\_\_

Signature of Parent or Guardian. \_\_\_\_\_

**How did you hear about the Masters of Ballet Intensive Course.**

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**Please read the terms and conditions on the website.**

**Masters of Ballet Summer Intensive Photography & Filming Consent**

**Parents are asked to sign below giving their permission for their daughter or son to be photographed or filmed for publicity.**

**Parents/Guardian of dancers under 18 years of age are requested to confirm their permission by signing below.**

**Please print dancers name.**\_\_\_\_\_

**Parent/Guardian signature.**\_\_\_\_\_ **Date,**