



VBT Summer Intensive AUDITION Form

Student's Name: _____ DOB: _____

Parent/Guardian: _____

Address: _____

Phone #: _____ Email: _____

Years of Training: _____

Please provide a brief description of your dance training, include the level(s), dance genre(s), and number of hours per week you are currently dancing: _____

If accepted, do you plan to attend this summer program? Yes ☐ No ☐

If "Yes", please indicate your program and week(s) below:

☐ Essex (ages 10 and up): June 29 – July 31, 2026

Week(s) you will attend (please circle all that apply):

1st : June 29 – July 3

2nd : July 6 - 10

3rd : July 13 - 17

4th : July 20 - 24

5th : July 27 - 31

☐ Shelburne (ages 8 & 9): June 22- June 26, 2026

How did you hear about this audition and the VBT Summer Intensive program? _____
