

# ATLANTA BALLET

## CENTRE FOR DANCE EDUCATION

2026 Nutcracker

Audition #

\*Typed responses only

\*This is your check-in form. Please bring a **completed, physical copy** with you to your audition

Student Name \_\_\_\_\_ Ballet Level \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name \_\_\_\_\_ Centre Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

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