

Benedict Manniegel Ballet Academy International Ballet Academy

Last name, First Name		
Date of Birth		Phone Number (incl. Country Code)
Full Address (incl. Count	cry)	
E-Mail		
Names of Parent(s)s and	/or Legal Guardian	
Current Ballet Academy/	/School	Number of Years of Ballet Experience
Height (in meters)		Weight (in kilograms)
☐ I would like to apply	for the complementa	ry subject Method of the Classical Ballet (Vaganova).
☐ I agree to take part	in the audition at my	own risk.
How did you first hear a ☐ Google/Web Search ☐ tanznetz.de	☐ Facebook	☐ Friends/Family/Teacher ☐ Magazine: ☐ other:
City, Date	Signature (Minors	s: Legal Guardian)



BENEDICT MANNIEGEL BALLET School & Academy & Company