



# CECCHETTI BALLET VICTORIA

ABN 97 112 665 180

## 2016 APPLICATION FORM FOR THE ENRICO CECCHETTI VICTORIAN MEDAL AWARDS

Please return completed form to: **cecchettivic@gmail.com**

Or post to:

Cecchetti Ballet Victoria  
11 Violet Crescent  
East Brighton Vic 3187  
Tel: 9592 2463

### JUNIOR SECTION

### INTERMEDIATE SECTION

### GOLD SECTION

I wish to enter my child for the Medal Awards and agree to comply by all the rules of Cecchetti Ballet Vic regarding the above. I declare all information listed is true and correct. I agree to hold blameless Cecchetti Ballet Victoria or any of their employees for any injuries or illness that may result from participation in above.

Signature of Parent/Guardian: .....

Student's Surname: ..... Given Names: .....

Address: .....

..... PC: .....

Date of Birth: ..... Current Age: .....

Email: .....

Certificates Gained	Year	Result
Grade 4	.....	.....
Grade 5	.....	.....
Grade 6	.....	.....
Dance Spectrum One	.....	.....
Dance Spectrum Two	.....	.....
Intermediate	.....	.....
Advanced 1	.....	.....
Advanced 2	.....	.....

Name of Teacher for past 6 months: .....

Name of Ballet School: .....

Teacher's Address: .....

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Telephone Number: .....