



CECCHETTI BALLET VICTORIA

ABN 97 112 665 18

2016 APPLICATION FORM FOR THE NOELLE AITKEN JUNIOR ENCOURAGEMENT AWARD

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

Or post to:

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

Grade 2 Level

Grade 3 Level

I wish to enter my child for the above 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 the above.

Signature of Parent/Guardian:

Student's Surname: Given Names:

Address:

..... PC:

Date of Birth: Current Age:

Email:

Certificates Gained

Year

Result

Grade 1:

Grade 2:

Grade 3:

Name of Teacher for past 6 months:

Name of Ballet School:

Teacher's Address:

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Telephone Number: