

AUDITION APPLICATION FORM

Please fill out in capital letters.

Please note that incomplete applications will not be processed

List of documents to enclose with your application

- A completed audition application form
- A completed dance training and experience questionnaire
- A copy of your birth certificate
- An attestation or transcript pertaining to your previous artistic training if available
- Your most recent transcript (with the school's official seal)
- Any pertinent medical information
- Two recent 4 x 6 photos; one head shot and one full-length shot in dancing attire, your name on back
- A certified cheque or money order of CAN\$50 payable to LADMMI (non refundable application fee)

Program*

- Attestation of Collegial Studies (AEC)
- College Diploma (DEC)

* These programs require that the student be available full time for 3 years.
To find out more about the content of the programs, visit www.ladmmi.com

Applicant Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	Provenance (Country, Province)	Language of correspondence

Applicant's Address

<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province / Country	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Office phone number / ext.	Cell phone number
<input type="text"/>		
E-mail		
<input type="text"/>		
Mailing address for official documents (if different from above)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province / Country	Postal Code

Parent's Address

<input type="text"/>		<input type="text"/>
Father's last and first name	Occupation	
<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province / Country	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Office phone number / ext.	Cellular phone number
<input type="text"/>		
E-mail		

<input type="text"/>		<input type="text"/>
Mother's last and first name	Occupation	
<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province / Country	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Office phone number / ext.	Cellular phone number
<input type="text"/>		
E-mail		

Contact in case of emergency (two contacts please)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First contact - relationship	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Office phone number / ext.	Cellular phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Second contact - relationship	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Office phone number / ext.	Cellular phone number

Additional Information

<input type="text"/>	<input type="text"/>	
Date of birth (yyyy/mm/dd)	Permanent code (as indicated on the transcript issued by the MELSQ)	
<input type="text"/>	<input type="text"/>	
Social insurance number	Health insurance number	(Expiration date)
<input type="text"/>		

In case of emergency, please indicate any severe allergies or illnesses.

Academic Studies

Secondary education

- Incomplete
 Completed

Year

Name of the institution

Program

College education

- Incomplete
 Completed

Year

Name of the institution

Program

University education

- Incomplete
 Completed

Year

Name of the institution

Program

Only for applicants living more than 1000 km away

I have enclosed a videotape (or DVD) that respects audition requirements. I hereby declare that it accurately reflects my skills and abilities. It has not been altered in any way that could affect the evaluation of its content.

Applicant signature

Date

Witness signature

Date

Signature

I hereby declare that all the above information is accurate. I authorise LADMMI and its agents to verify the enclosed documents and accept to be submitted to a physiological evaluation or medical examination upon the request by LADMMI.

Applicant signature

Date

Parent or guardian signature
(for applicants under 18)

Date