



ROCKWALL BALLET COMPANY INTEREST FORM

Dancer's Name:	
Date of Birth:/	Age as of 1/1/2026
Parent Name:	
Parent Email:	
Parent Phone number:	
Years of dance training:	Years of ballet training:
En Pointe: Yes No Trained with:	If en pointe, how long?
Is there anything else you would like us	to know about you?
Please list any other activities/school ac	tivities you are involved in.
Please list any conflicts you will have in year.	the afternoons/evenings during the school
Please list any known conflicts on week	ends from August 6th - May 2nd:

Please return this completed form to the front desk by April 1st.