



The State Ballet of Rhode Island
Artistic Director, Herci Marsden
RI's First Established Classical Ballet Company in Residence

Be A Part of Coppelia 2023 at The Park Theatre, Cranston
Audition Form

Sunday, Sept. 10, 12:15pm (ages 7 to 10) 12:45 (ages 10 & up)
Friday, Sept. 15, 5:00pm (ages 7 to 10) & 5:45pm (ages 10 to 25)
Saturday, Sept. 16, 12:15pm (ages 7 to 10) & 12:45pm (ages 10 to 25)
Please arrive 15 minutes prior to start of audition

Performances with The State Ballet of Rhode Island at The Park Theatre on
Tuesday, Nov. 21 @ 10am, Friday & Saturday Nov. 24 & 25 @ 2pm
Cast may vary between performances

Fee \$25.00 Make checks payable to The State Ballet of RI Audition Number

Student's Name (PRINT CLEARLY)

Student Age as of November 1, 2022: Brae Crest Student? Yes or No

Already on Brae Crest or SBRI email list? Email address IF NEW ONLY:

Street Address [print clearly]: Town/St./Zip:

Cell Phone #: Add'l Phone #:

In Case of Emergency: Medical Information

Allergies/Injuries or other pertinent medical information:

Emergency Contact Name & #:

Do you wish to receive email notices about Brae Crest School?

Do you wish to receive email notices about The State Ballet of Rhode Island?

Would you be interested in advertising in SBRI's souvenir program book?

Would your students' academic school be interested in coming to Coppelia's educational show

Limited Liability Release Letter

I, the parent/guardian of, give my student my approval to participate with The State Ballet of Rhode Island. I understand and acknowledge that a risk of injury exists in rehearsals and performances [including risks of exposure to Covid-19]. I assume these risks and incidental hazards. I hereby in agreement with Rhode Island General Law 7-6-9, release and indemnify agree to hold harmless The State Ballet of Rhode Island, its officers, directors, servants, employees, and volunteers connected with said organization. I, also hereby grant permission to The State Ballet of Rhode Island supervisors to obtain emergency medical care from any licensed medical personnel for the child named herein at such time as either parent or legal guardian cannot be contacted.

Signed by Guardian: Relationship:

Date: