ABN 97 112 665 180

2019 APPLICATION FORM FOR THE NOELLE AITKEN JUNIOR ENCOURAGEMENT AWARD

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 inabove

Signature of Paren	t/Guardian:		
Student's Surname:		Given Names:	
Address: .			
			PC:
Email:			
Certifica	tes Gained	Year	Result
(Grade 1:		
(Grade 2:		
(Grade 3:		
Name of Teacher f	For past 6 months	5:	
Name of Ballet Sch	hool:		
Teacher's Address:			
Telephone Numbe	r:		