

CECCHETTI COMMITTEE OF OHIO BALLET ENSEMBLE

Congratulations! You have been selected to participate in the Cecchetti Committee of Ohio Ballet Ensemble! We are excited to have you! The information below will familiarize you with our policies and procedures. Read it over and complete the enclosed information sheet. Return it to Stephanie Denen or Denise Bryant as soon as possible.

MISSION:

- To afford the opportunity for students to experience classical choreography
- Provide performance opportunities with students from other studios
- Build camaraderie and teamwork amongst its members

SCHEDULE OF EVENTS:

- Rehearsals: Liaison Day (September 16), Fall Ballet Day (October 28)
- There may be rehearsals scheduled between Fall Ballet Day and Winter Ballet Day
- Performance would be at the Winter Ballet Day 2019 (February 10)

RULES:

- Fees for Ensemble: \$60.00 for the year, due no later than the September 16.
- Costumes will be minimal or borrowed
- Mandatory attendance for rehearsals
- Failure to know material will cause removal from that section of the routine. More than one absence and failure to know the material can cause removal from the Ensemble
- Videos of the routine will be provided via private social media
- Dress code for auditions, choreography session and rehearsals:
 - 1 – Female: Black leotard, pink tights, pink ballet shoes
 - 2 – Male: Black jazz pants or tights, white t-shirt
 - 3 – No jewelry will be allowed
 - 4 – Hair must be secured neatly off the face and neck
 - 5 – Students may be asked not to audition if not dressed properly
- Divisions:
 - Senior Division
 - Must have passed Grade IV
 - Final selection will be made through a point adjudication
 - Junior Division
 - Must be 11 years old and have passed Grade II
- Auditions:
 - Students who did not audition at the Winter Ballet Day will be adjudicated in the first CCOBE master class of the season. There will be a \$15.00 charge for the class.

CCO COMPANY DANCER INFORMATION

NAME _____ AGE _____

BIRTHDATE _____ LAST CCA EXAM PASSED _____

ADDRESS _____

CITY, STATE, ZIP _____

PARENTS' NAMES _____

PARENT'S EMAIL _____

CONTACT TELEPHONE _____

CCO MEMBER TEACHER _____

TEACHER'S ADDRESS _____

TEACHER'S CITY, STATE, ZIP _____

TEACHER'S EMAIL _____

TEACHER'S CONTACT TELEPHONE _____

We have read and agree to the information, rules and schedule on the information sheet. We understand that full participation is the key to a successful program and we will do our part to ensure that success.

DANCER SIGNATURE _____

PARENT SIGNATURE _____

TEACHER SIGNATURE _____

TODAY'S DATE _____