

ARTIST – REGISTRATION FORM

CIRQUE ÉLOIZE

INFORMATION

LAST NAME

FIRST NAME

DATE OF BIRTH MM/JJ/YYYY

NATIONALITY

COUNTRY OF RESIDENCE

HEIGHT (CM)

WEIGHT (KG)

ABILITY TO WORK IN CANADA

STATUS IN CANADA

VALID WORK PERMIT FOR CANADA

EXPIRY DATE OF THE CANADIAN WORK PERMIT

DETAILS

PROFESSIONAL EMAIL

PERSONAL EMAIL

MOBILE #

OFFICE #

HOME #

**With the National Destination Code*

SKYPE ID

ADDRESS

SKILLS SET

Please indicate all of your circus, dance, theatre, music and singing skills ordered in terms of priority.

Juggler: Indicate the required accessories.

Dancer: Indicate the type of dance.

Singer: Indicate your vocal range.

Musician: Indicate the number of musical instruments played.

NAME

SOLO/GROUP

PARTNER(S)

VIDEO LINKS

OTHER VIDEO LINKS

DEMO

WEBSITE

FACEBOOK

MAIN DISCIPLINE

SUB-DISCIPLINES

PROFESSIONAL EDUCATION AND WORK EXPERIENCE

**Do not mention workshops taken.
If you are self-taught, please mention it.

EDUCATIONAL
BACKGROUND

SCHOOL

BEGINNING

END

WORK
EXPERIENCE

COMPANY

SHOW

BEGINNING

END

DISCIPLINE(S)