## **Aerial Review Panel Application**

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Name \* Please enter your first and last name

Training History \* Please include names of studios where you have trained, locations of studio, names of instructors, frequency of training regimen, apparatuses on which you trained. Please also include types of supplemental non-apparatus training, e.g. ground acrobatics or circus arts-based conditioning classes.

Goals for Training/Performing at Yale \* Please include apparatus(es) on which you wish to be assessed, expected frequency of training regimen this academic year, non-performance goals (as building strength, improving artistry, learning new skills, maintaining current skill level, creative development, stress relief, etc.), and performance goals (if applicable/where and when you would like to perform) Please note that a separate application process is required to approve performances involving aerial arts, but only those who have been assessed and approved through this Aerial Review Panel will be considered.

Strengths and Weaknesses \* Please write a short statement discussing your strengths and weaknesses as an aerial artist.

Aerial References \* Please include names, phone numbers, and email addresses of former instructors who we may contact to discuss your training history.

CAPTCHAThis question is for testing whether or not you are a human visitor and to prevent automated spam submissions.

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