



Audition Group:
Audition #

Performing Company 2020-2021

AUDITION APPLICATION FORM

Name: _____ Age: _____ D.O.B. ____/____/____

Parent's Names: _____

Contact Number: _____

Parent Email: _____

Dancer Cell Phone: _____ Grade (2020/2021) _____

Dancer E-mail: _____

Home Address: _____ City: _____ Zip: _____

Are you able to perform/rehearse during the day? *If yes, additional opportunities may be available.*

Past/Current injuries:

Other Health Concerns:

Please list all dance classes intending to take in the 2020/2021 season:

Dancer Signature and Date: _____

Parent Signature and Date (if under 18): _____

Office use only: Staff initials _____ DB _____

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