



AUDITION APPLICATION FORM

PLEASE SUBMIT YOUR \$50.00 AUDITION FEE TO THE OFFICE

First Name: _____

Date of Birth: Day ____ Month ____ Year ____

Last Name: _____

Age: _____

AGE DIVISION:

Petite (8 and under) _____

Junior (9-11 years old) _____

Teen (12-14 years old) _____

Senior (15-19 years old) _____

Home telephone number: _____

Parent's cell phone number: _____

Dancer's cell phone number: _____

Parent's email address: _____

Dancer's email address: _____

Number of years of dancing: _____

DANCE CATEGORIES

I would like to be considered for: (please check)

Ballet: _____

Tap: _____

Jazz: _____

Contemporary: _____

Hip Hop: _____

Acrobatics: _____

Musical Theatre: _____