

AUDITION REGISTRATION

Name: _____ Age: _____

E-Mail Address: _____ Audition# _____

Phone #: _____

Team(s) Auditioning For: _____

Would you accept placement on any other team? YES NO

Would you accept a team understudy position? YES NO

Years of Ballet Experience: _____ Where? _____

Years of Jazz Experience: _____ Where? _____

Years of Tap Experience: _____ Where? _____

Other Dance Experience: _____

Parents Name(s): _____

I have read the requirements for dance team and understand what is
expected of me.

Signature of Student

Signature of Parent

Payment: Cash _____ Check # _____