

Student Dance Audition Application Form

BALLET IV (A2) BALLET III (A1) BALLET II (B1) BALLET I (B2)
JAZZ (B4) MODERN I (A3) MODERN II (B3)

(Circle those classes in which you participate)

(Please print clearly)

Student name: _____ Grade: _____ Age: _____

Address: _____

Home phone: _____ Cell phone: _____

Birthday: ____ / ____ / _____ Height: ____' ____" Weight: _____

Shirt size (circle one) S M L XL 2XL Pant size: _____ Shoe size: _____

Parent/Guardian Full Name(s) _____

Parent E-mail: _____

Parent Cell Phone: _____

Previous Dance & Performing Arts Experience:

Studio/Organization _____ Years of Training _____
Dance forms studied _____

Studio/Organization _____ Years of Training _____
Dance forms studied _____

Studio/Organization _____ Years of Training _____
Dance forms studied _____

Vocal Training (if any): _____

Theatre Training (if any) _____

Prior and/or current Injuries (if any) _____

Goals for Dance Training: _____

Favorite Dance Style(s) _____

Afterschool Rehearsal Availability

List the times that you are **NOT** available for afterschool rehearsals in the appropriate boxes below.

Mon	Tues	Wed	Thurs	Fri

List all sports and/or other activities in which you are involved, including their sponsors/coaches:

Sport/Activity (include a general rehearsal/practice schedule)	Sponsor Name & subject taught, if any	Sponsor contact info (phone and/or email)

REHEARSALS AND PERFORMANCES

PLEASE REVIEW THE DANCE CALENDAR AND LIST ANY REHEARSAL OR PERFORMANCE CONFLICTS BELOW:

Student Name _____

Student Signature _____

Date _____