

APPRENTICE/CORPS/SUPPORT

PREVIOUS AUDITION Y/N



AGE:

GRADE IF STUDENT:

AUDITION #

AUDITION FORM

Dancer's Name _____ **Age** _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone (_____) _____ **Dancer's Cell Phone** (_____) _____

Parent Cell Phone (_____) _____ **Parent Name** _____

Dancer's Email Address _____

Parent's Email Address _____

Emergency Contact:

Name _____ **Phone** _____

DANCER INFORMATION:

School/University _____

Year in school _____ **Dance Studio** _____

Current dance instruction per week:

Hours of Dance _____ **Ballet Hours** _____ **Pointe Hours** _____ **Days** _____ **Yrs. of Pointe** _____

List styles of dance in which you participate _____

List any Summer Intensive dance program in which you participated/How many Weeks?

List scholastic sports and extra-curricular activities in which you plan to participate in 2024/25:

Do You: Have Pas de deux experience? Yes No Participate in spring dance competitions? Yes No

PLEASE CONTINUE ON THE BACK

