



AUDITION FORM

PLEASE TURN THIS FORM IN BY _____! AUDITION NUMBER:

NAME: _____ AGE: _____

Parent/Guardian if under age 18:

Cell Phone: _____ Email: _____

DO YOU HAVE SCHEDULE CONFLICTS?

CONSISTENT (M _____ T _____ W _____ TH _____ F _____ SAT _____ SUN _____)

INCONSISTENT (PLEASE ELABORATE)

DANCE EXPERIENCE (indicate number of years):

Ballet _____ Jazz _____ Tap _____ Contemporary _____ Musical Theater _____ Hip-Hop _____

SHOW EXPERIENCE

- DO NOT WRITE BELOW THIS LINE -

TECHNIQUE 1 2 3 4 5

CHOREOGRAPHY 1 2 3 4 5

PERFORMANCE 1 2 3 4 5

EXTRA NOTES: