Audition Information for Company

Dancer Information

First Name: _____ Last Name: _____

Birth Date: _____ Height: _____

Address: _____

Phone #: _____ Alternative Phone #: _____

Email: _____

Emergency Contact Person Information

Full Name: _____ Relationship: _____

Address: _____

Phone #: _____ Alternative Phone #: _____

Email: _____

Medical Information (note **allergies** and **chronic medical conditions**, such as asthma/seizures)

_____

_____

What role are you auditioning for? (please see postings if you do not know the roles)

_____

_____

Availability

☐ Monday 6:00pm-8:30pm (**Juniors**)
☐ Wednesday 6:00pm-9:00pm (if needed)
☐ Friday 6:00pm-9:00pm (if needed)
☐ Saturday 9:00am-11:am (**Minis**)
☐ Saturday 11:15am-2:15pm (**mandatory for all Seniors/Intermediates**)

**Please keep in mind you will not be required to be there every one of the days you check off. This just helps us with scheduling the smaller groups and leads.*

Preferred style of dance? _____

Do you have experience in pointe? _____

Previous experience? (remember, no experience required!) _____

_____

How did you hear about us?

☐ Newspaper
☐ Magazine
☐ Marquis (sign on building)
☐ Radio
☐ CTV News
☐ Parade
☐ Mall Show
☐ Internet
☐ Social Media
☐ Other: _____
☐ Performances seen: _____

School: _____ Teacher: _____