



Audition Number _____

Date of Birth _____

Height _____

Dancer's Name _____

Parent(s) Name(s) _____

Address _____

Home Phone _____ Parent's Cell Phone _____

Parent's E-mail Address _____

School _____ Grade _____

DANCE TRAINING *(Please list number of years of training by each)*

_____ Creative/Pre-Ballet

_____ Contemporary

_____ Ballroom

_____ Ballet

_____ Jazz

_____ Tap

_____ Pointe

_____ Acro Dance

_____ Hip Hop

_____ Lyrical

_____ Dance Team

_____ Other

Dancers must be enrolled in a weekly dance class. Please list class(es):

DANCE CLASS/LEVEL	DAY(S)	TEACHER	DANCE STUDIO

PRODUCTION EXPERIENCE *(Within the past 5 years)*

SHOW/PERFORMANCE	ROLE(S)	STUDIO/THEATER

Please list any current or recurring injuries: _____

Please list any special skills: _____