

2017-18 ELITE COMPETITION TEAM AUDITION APPLICATION

DANCER'S NAME _____ AGE _____ BIRTHDATE _____

PARENT'S NAMES _____ CELL PHONE _____

PARENT EMAIL ADDRESS _____

DANCER'S EMAIL ADDRESS (IF PARENT WOULD LIKE THEIR DANCER TO BE INCLUDED ON EMAILS WITH TEAM UPDATES)

Please list any activities your dancer participates in other than dance that may conflict with team activities and list any dates your dancer will not be available for the 2017-18 season. Please note, this does not mean that those absences will be excused however we do our best to work around planned family events when possible.

Do you wish to be considered for a solo? _____

If so, do you have a specific request for the genre of dance? _____

If so, what genre? (tap, ballet, hip hop, lyrical, jazz, contemporary or musical theatre) _____

Do you have a specific choreographer request should you be awarded a solo? Please list if so...

Would you like to be considered for a duo or trio? _____

How many group dances would you like to be considered for this season? _____

What genres of dance would you like to be considered for this season? _____

I understand that my dancer may not take dance classes at any other studio and am committed to Elite Dance from August 2017 through June 2018 (or July depending on when Nationals are scheduled) _____ INITIAL

I understand that my dancer must attend all required classes and rehearsals each week as well as attend all competitions and team events. _____ INITIAL

I am aware of the financial cost and time commitment involved with being a member of this competition team and I give my permission for my dancer to participate.

Parents Signature _____ Date _____