



2024-2025 COMPETITIVE AUDITION FORM

Please complete and hand in at audition

General Information

PARENT NAME:	DANCER NAME
ADDRESS:	
CITY/PROVINCE: _____ POSTAL CODE : _____	DANCER DOB & AGE
CONTACT #: _____ Emergency #1: _____ EMAIL Parent: _____ EMAIL Dancer: _____	CATEGORY AGE Age Prior to Dec 31 (<i>circle</i>) (7-10) (11+)

Dancer Experience

Example - Where did you dance, how many years, competitively, recreationally, styles danced

Style Of Dance - Number in Order of Preference

Only Number Styles of Dance you would Perform

MANDATORY - LINE

PLUS CHOOSE TWO ADDITIONAL STYLES FOR GROUPS, Can choose more

<input type="checkbox"/> Jazz	<input type="checkbox"/> Tap	<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Lyrical	<input type="checkbox"/> Acro	<input type="checkbox"/> Contemporary	<input type="checkbox"/> Musical Theatre
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Request for Duo or Trio

Only Select Styles you would Perform - More than 1 selection will be matched & best suited for partners. Partner requests will be considered, but not guaranteed. ***Write Partner name requested below style.

<input type="checkbox"/> Jazz	<input type="checkbox"/> Tap	<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Lyrical	<input type="checkbox"/> Acro	<input type="checkbox"/> Contemporary	<input type="checkbox"/> Musical Theatre

Request for Solo — ****SOLO REQUEST FORM - SEPARATE****

Requests will be considered, but not guaranteed.



Photo Waiver – Photos taken of dancers may at times be posted on social media platforms. **Please Initial** to the side that you are aware and approve of this.



Signature Parent: _____ Date: _____

Disclaimer – Styles of Dance offered will be based on dancer registration numbers and Head Competitive Instructor Recommendation