

AUDITION REGISTRATION

Dancer's Name: _____ Age: _____ Birthday: _____

E-Mail Address: _____ Audition# _____

Home Address: _____ Audition# _____

Parent (s) Name and Phone #: _____

Team(s) Auditioning For: _____

Health Concerns: _____ Medications: _____

Would you accept placement on any other team? YES NO

Years of Ballet Experience: _____ Where? _____

Years of Jazz Experience: _____ Where? _____

Years of Tap Experience: _____ Where? _____

Years of Hip Hop Experience: _____ Where? _____

Other Dance Experience: _____ Where? _____

Photo Consent:

I give consent to allow Dixon Dance Academy, Inc. staff to take team photographs , individual pictures and filmed video of my child. The sole purpose of these photographs or filmed video is for the Dixon Dance Academy, Inc. website or press release articles

Signature: _____ Date: _____

I have read the requirements for dance team and understand what is expected of me.

Signature of Student

Signature of Parent

FEE \$20 PER AUDITION. PLEASE USE A SEPARATE FORM FOR EACH AUDITION. FILL OUT FORM COMPLETELY AND IN ADVANCE

Payment: Cash _____ Check # _____