



AUDITION FORM

Level Auditioning for: _____

School Year: _____

Student Name _____

Gender _____ Pronouns _____ Date of Birth _____ Age _____ Current Grade _____

Home Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Relation to student _____

Parent Cell Phone _____ Parent 1 Email _____

How many years have you been dancing? _____ Hours per week? _____ Years en pointe? _____

Where have you most recently studied dance?

Any current or previous injuries? (if previous please date injury and whether it has had any long term effects on dancers physicality).

How did you hear about d  velopp   evolving dance education?

FOR OFFICE USE ONLY

Notes: