



AUDITION FORM

Student Information

Name: _____ Last: _____

Birthday: ____/____/____ Age as of Jan. 1, 2015: ____/____/____

Time you can be here by: _____ School Grade 2014-2015: _____

How many days per week are you willing to practice?: _____

Is your child interested in competing this season?: _____ If yes, please see back of form.

Please list your child's previous dance or gymnastic training: _____

Parent Information:

Parent/Guardian #1:

First: _____ Last: _____

Phone Number: _____ Email: _____

Parent/Guardian #2:

First: _____ Last: _____

Phone Number: _____ Email: _____



AUDITION FORM
Competition Information Only

For every competitive routine a child is placed in, monthly tuition will increase \$5 per month.
We will be offering up to six routines for placement.

Please list the amount of routines you would like your child to be considered for (all dancers will be guaranteed two competition routines unless stated otherwise): _____

Would you like your child to be considered for a solo, duet, or trio this year? If so, please list what specifically (dancers may compete in more than one): _____

Do you have a specific style or choreographer in mind? _____

Please list any comments or schedule conflicts you feel we should know about your child for next Fall/Spring: _____

Please tell us a little bit about your child, their personality, goals, or reasons for wanting to be part of the Legacy Dance Company: _____

I understand that LDC is a big commitment both financially and also with time. I understand that more than three unexcused absences may result in removal from a routine. I have read and agree to the above statement.

Please initial: YES _____ NO _____