



LEGACY
Dance Company
AUDITION FORM

Company Auditions:

First - Fifth Grade students: Saturday, August 6th

• Registration: 9:30-10:00am

• Audition: 10:00am-12:00pm

Sixth - Twelfth Grade students: Saturday, August 6th

• Registration: 12:30-1:00pm

• Audition: 1:00-4:00pm

- All other students please contact Helen McDuffie at studio@legacyallsports.com to schedule an evaluation.

Student Information

Name: _____ Last: _____

Birthday: ____/____/____ Age as of Jan. 1, 2016: ____/____/____

Time you can be here by (Mon-Fri): _____

School Grade 2016-2017: _____

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

Is your child interested in competing this season?: _____.

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

Are there any day(s) your dancer is unavailable to practice? _____

Parent Information

Parent/Guardian #1:

First: _____ Last: _____

Phone Number: _____ Email: _____

Parent/Guardian #2:

First: _____ Last: _____

Phone Number: _____ Email: _____



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Competition/Technique Information

- 1.) How many routines would you like your child placed in? (Can list specific number or list OPEN—keep in mind dancers will only be placed in routines the choreographer sees fit.):

- 2.) Is your child interested in competing with a solo, duet, or trio this year? If so, please list style, choreographer preference, and(or) duet/trio preference (NOTE: Dancers may compete with more than one extra number and guest choreographers will be available for an additional fee):

- 3.) Please look over our Level 1-5 technique classes and costs and keep in mind that dancers will be placed based on age and ability for classes and competitive routines. We will also offer add on classes such as:

Hip Hop

Conditioning/Flexibility

Pre-Pointe

Jumps/Turns

Please circle if you are interested in any of these classes.

I understand that LDC is a 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 _____