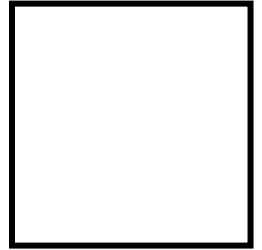


## Dance Audition Form

Name \_\_\_\_\_

Number  
(To Be  
Assigned at  
Auditions)



Age \_\_\_\_\_

Please circle the types of formal dance training that you have:

Musical Theatre      Ballet      Jazz      Tap      Acro/Cheer  
Dance Team      Modern/Contemporary      Other \_\_\_\_\_

Length of time you participated: \_\_\_\_\_

Do you have another type of movement experience or special movement skill you want us to know about? (e.g. mime, juggling)

\_\_\_\_\_

Length of time you participated \_\_\_\_\_