

Choreography Audition Form

Name _____ Number _____

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 _____