

# 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, roller skating)

\_\_\_\_\_

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

Any Additional Information/Explanation:

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

AREA BELOW RESERVED FOR NOTES BY PRODUCTION STAFF

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