

Summer Workshop Audition Form
(Please Print Clearly)

Student's Name: _____

Age: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Email: _____

Secondary Email: _____

Primary Phone: _____ Secondary Phone: _____

Parents/Guardian: _____

Current dance school, level & dance experience:

I plan to attend the audition on and for:

Audition Fee \$25

February 9 _____ March 23 _____ Video Submission _____

Level Placement _____ Scholarship _____ Financial Aid* _____

Please note: Scholarships are awarded on Merit Basis. For *Financial Aid, our application must be submitted (funds are limited). Scholarship & Financial Aid applicants **must** commit to attending the full workshop and performance.