

CENTRE FOR DANCE COMPANY 2021-2022 AUDITION APPLICATION

Dancer full name: _____

Dancer DOB: _____ Dancer age: _____

Parent or guardian: _____

Address: _____

School: _____ Grade: _____

Parent cell #1: _____ Parent cell #2: _____

Parent Email: _____

Medical Conditions/Allergies: _____

Previous studio training:

Do you participate in any other teams, clubs, organizations, or extra-curricular activities?

How many routines would you like to be casted into (*how many routines are you able to commit to*)?

Please only circle the styles you're interested in being casted into:

Jazz Musical Theater Hip Hop Lyrical/Contemporary Modern Tap Ballet

Why are you auditioning for CFD Company?

What are you looking to gain this season?

Three words that describe you:

Any additional information you would like to share with us:

Dancer signature: _____ **Date:** _____

Parent/guardian signature: _____ **Date:** _____