

Centre for Dance Company Auditions 2024-2025

AUDITION NUMBER

Dancers Legal First & Last Name: _____

Dancer Email: _____ Dancer Cell: _____

DOB: _____ Age Today: _____ Age as of January 1, 2025: _____

School District: _____ Grade: _____

Medical Conditions/Allergies: _____

Parents Name: _____

Address: _____

Parent Email: _____ Parent Cell: _____

Why are you auditioning for CFD Company? _____

Previous dance/studio training: _____

I am interested in competing a solo, duet or trio. *(MUST HAVE PARENT APPROVAL)* _____ Yes _____ Not this year

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

Will you be participating in off-campus PE this upcoming school year? _____ Yes _____ Not this year

Is there any other additional information that the CFD Staff may need to know regarding scheduling conflicts this year that needs to be taken into consideration? If so, please state below as well as provide specific dates & times. For example: Drill Team, Choir, Band, Booker T, NCL, Family Vacations, etc.

What time do you get out of school daily? _____

What is the earliest time you can be at the studio for classes? _____

PLEASE BRING A HEADSHOT/PHOTOGRAPH ON AUDITION DAY, SIZE 4X5 OR 5X7. PHOTOS WILL NOT BE RETURNED. ADDITIONALLY, NO REFUNDS, CREDITS OR TRANSFERS ON AUDITION