

THE STUDIO SCHOOL OF DANCE

THE COMPANY AUDITION REQUEST

2017

Dancer's Name			
Parent's Name			
E-mail Address			
Phone Number (Home)		Age	
Phone Number (Cell)		Date of Birth (DD/MM/YYYY)	

PREVIOUS DANCE EXPERIENCE

→	
→	
→	

AUDITION REQUEST

BALLET	<input type="checkbox"/>	MAY 30, 2017	<input type="checkbox"/>
JAZZ	<input type="checkbox"/>	AUGUST 2017	<input type="checkbox"/>
TAP	<input type="checkbox"/>		
HIP HOP	<input type="checkbox"/>		

You will be notified of audition time by e-mail/phone, one week prior to audition day.