

Audition Form 2020



- YES, I would like to audition for the **TSSD Dance Company**
- Level 1 (part-time program)
- Level 2 (full program)

Dancers Name: _____

Age: _____ D.O.B.: _____

Phone: _____ e-mail: _____
Please print

Dance Studio you are currently attending: _____

Other Dance Studio's attended: _____

Years Training: _____ Disciplines studied: _____

Indicate what discipline(s) you will audition for: Ballet Jazz Hip Hop Tap

Comments: _____



Parent/Guardian Name: _____

Address: _____
Postal Code

e-mail: _____
please print

Please send this audition form to: steps@trytel.com before August 8th

**AUDITIONS WILL BE HELD AUG. 10 - 14, 2020
FINAL DATE & TIME WILL BE SENT BY AUGUST 4, 2020**

(each dancer will be given a specific time on a specific date between Aug. 10 - 14th)