

# TSSD

## Audition Form

### 2023-2024 Season

Date: \_\_\_\_\_

Dancers Name: \_\_\_\_\_

Age: \_\_\_\_\_ . D.O.B. \_\_\_\_\_

Dance Studio you are currently attending: \_\_\_\_\_

Previous Dance Studios Attended: \_\_\_\_\_

Years of Training: \_\_\_\_\_ Disciplines studied: \_\_\_\_\_

How Many Classes are you currently attending, please include the discipline: \_\_\_\_\_

---

#### **Comments**

---

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Office Use:**