

TSSD Audition Form

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: