

AUDITION NUMBER: _____

OPENING RECITAL DANCE AUDITION FORM

SATURDAY JAN. 23, 2021

2:00-2:30--6-9 yr olds

2:30-3:00--10-12 yr olds

3:00-3:45--13 yrs & Older

Name: _____

Age: _____ Birth Date: _____

Address: _____

Cell Phone: _____

Email: _____

Conflict Dates: _____

FOR OFFICE USE ONLY

PLEASE BE SURE TO READ ALL RULES THOROUGHLY!

Please check all that apply!

_____ I HAVE participated in Previous Opening Dances

_____ I have included my \$15.00 Audition Fee...via Venmo Oxford-CtrforDance or Paypal oc4dance or Ck/Cash

_____ I am at least 6 yrs old by Feb. 1, 2021

I am currently taking ___ Ballet , ___ Jazz, ___ Tap, ___ Lyrical, ___ Contemp, ___ Hip Hop ___ Mus Th at OCD

_____ I am aware and willing to rehearse on Saturdays starting Feb. 6, 2021

_____ I understand I will be removed and replaced if I miss more than 1 rehearsal

_____ I understand that my "1 Miss Pass" must be submitted to the office at least ONE week prior to my Upcoming absence, otherwise it will NOT be considered excused and could result in dismissal.

_____ If I am accepted, I will pay a Participation Fee of \$120 (per single dancer) at least ONE WEEK BEFORE The FIRST Opening Rehearsal on Saturday Feb. 6, 2021 (2nd family dancer \$60)

_____ If I am accepted, I will pay a Costume Fee of \$65 at least ONE WEEK BEFORE The FIRST Opening Rehearsal on Saturday Feb. 6, 2021

_____ I understand I CANNOT MISS any IN-STUDIO REHEARSALS (the last 2 rehearsals).

_____ I will be SOOO HAPPY with whatever role I am selected to dance!

_____ I will abide by the Covid Precautions set by OCD including wearing a mask, hand sanitizing, temp check

By signing this we are in agreement with all rules and requirements set forth by OCD, Inc. and will abide by them with no question. If we do not abide and comply with the set rules and requirements, we understand that the above named dancer will be dismissed from the Opening dance, forfeiting any and all NON REFUNDABLE monies. We understand and agree that OCD, Inc. may photograph and/or videotape dancers and hereby authorize OCD, Inc. to use these photos or videotapes for archival and publicity purposes only.

Parent/Guardian Signature: _____

\$15.00 Audition Fee Pd: _____	Cash Receipt _____	Ck Number _____	Debit/Cr Card _____	Credit _____
\$65.00 Costume Fee Pd: _____	Cash Receipt _____	Ck Number _____	Debit/Cr Card _____	Credit _____
\$120 Participation Fee Pd : _____	Cash Receipt _____	Ck Number _____	Debit/Cr Card _____	Credit _____