

Industry Crew Auditions 25-26

Audition
Number:

Dancer Name: _____

Parent Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Parent Cell: _____ Dancer Cell: _____

Results will be emailed here: _____

Parent Email: _____

Dancer Email: _____

DOB: _____ Age Today: _____ Age as of January 1, 2026: _____ Grade for 2025-2026 School Year: _____

1. I am interested in competing a solo. **(MUST HAVE PARENT APPROVAL)** _____ Yes _____ Not this year

Parent Signature: _____

2. I am interested in competing a duo/trio. **(MUST HAVE PARENT APPROVAL)** _____ Yes _____ Not this year

Parent Signature: _____

3. Is there a maximum number of dances you would like to participate in this year?

_____ No, I would like to be in as many as possible _____ Yes (If yes, how many?) _____

4. Will you be participating in off-campus PE this upcoming school year? _____ Yes _____ No

5. Is there any other additional information that the DI Staff may need to know regarding scheduling conflicts this year that need to be taken into consideration? If so, please state below as well as provide specific dates & times. (i.e. – NCL, Booker T., Band, Choir, College Visits, High School Graduation, etc.)

6. Where are you attending school for the upcoming year? _____

7. What time do you get out of school daily? _____

8. What is the earliest time you can be at the studio for classes? _____

9. Please list where you've previously trained if applicable.

Please attach a picture/headshot – picture will not be returned