

*Office Only:*

***Audition #***

***Poise Dance Company***

*Audition Form*

***Dancer Information***

*Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age by 9/1/19 \_\_\_\_\_*

*Home Address*

***Current TDA student****? Yes No Number of years with TDA\_\_\_\_\_\_*

*Current TDA classes & levels.*

*Jazz Tap Ballet Lyrical Hip-Hop Acro Other*

***If a New TDA student or not a current TDA student****, list dance experience, including names of studios, classes & levels, if any. Studio Name*

*Jazz Tap Ballet Lyrical Hip-Hop Acrobatics Other*

*\*No formal lessons taken*

***Parent Information***

*Name(s)*

*Cell # text Y or N alternate emergency #*

***Primary email****:* ***PRINT CLEARLY***

*\*TDA will send Poise Dance Co. audition results via email within 1 week of auditions.*

*\*\*Please provide an email address that is frequently checked!*

***Liability Release***

*By signing, I agree to allow the dancer listed below, to audition for TDA’s Poise Dance Company.*

*I agree not to hold The Dance Academy or any TDA employee, liable for any injuries that occur during the audition.*

*Print Dancer Name Parent Signature*

***Agreement***

*If selected for Poise Dance Company, I understand participation will require both a financial and time commitment from dancer and parent. This commitment will last from September 21, 2019, until July 3, 2020. I also understand, that if these requirements are not met, my dancer will be released from Poise Dance Company. If accepted into the company, a more detailed contract will be provided.*

*Parent Signature Today’s Date*

***TDA Office***

 *$20 Audition Fee per dancer CA CK# CC*