

Perception Dance Company
Audition Application 2020-2021

Dancer's Name: _____

Dancer's Phone: _____ Dancer's Email: _____

Dancer's Age as of January 1st, 2021: _____ Dancer's Birth Date: _____

Dancer's T-Shirt Size: _____

Dancer's School and School District: _____

Are you on your school dance team? _____ If yes what days do you practice?: _____

Parent's Name: _____

Parent's Phone: _____ Parent's Email: _____

Would you be interested in having a duet/trio? Duet/trio partners will be determined by the instructors. YES or NO? If yes, they will be included in the total number below.

Perception Dance will place dancers in the appropriate routine based on their audition. The number of routines you write down does not ensure your placement in that number of routines. One large group is required. How many groups routines and duet/trios **(not including solos)** would your dancer like to be in? Please make any notes that we may need to know about.

Total number of group dances for which you would like to be considered: (1 group -?) _____

Are you interested in performing a solo next year? If yes, please include number of solos, style preference, and preferred choreographers.

of solos: _____ Style of solos: _____

Choreographer (Please list in order of preference. Please note that the instructors will make the final decision on the choreographer, but will take your preference into consideration.) _____

Are you interested in being considered for the group tap routine? YES or NO?

Are you willing to be in a routine choreographed by an outside choreographer? Please note that this will have an extra cost associated with the routine to help cover airfare, hotel expenses, and choreography charges. YES or NO? (Please note that you have to be present for choreography to be placed in these routines.)

Parent Signature: _____ Date: _____