## Perception Dance Company

## Audition Application 2021-2022

Dancer's Name:		
Dancer's Phone:	D	ancer's Email:
Dancer's Age as of J	anuary 1 <sup>st</sup> ,2022:	Dancer's Birth Date:
Dancer's T-Shirt Siz	æ:Danc	er's School District:
Dancer's School and	Upcoming Grade I	Level:
Are you on your sch	ool dance team?	If yes what days do you practice?:
Parent's Name:		
Parent's Phone:	P	Parent's Email:
number of routines yo One large group is rec would your dancer lik <b>Total # of dances you</b>	ou write down does n quired. How many gr te to be in? Please ma <b>u would like to be co</b> performing a solo ne	e appropriate routine based on their audition. The not ensure your placement in that number of routines. roups routines and duet/trios total (not including solos) ake any notes that we may need to know about. <b>considered for (not including solos)</b> : ext year? If yes, please include number of solos, style
# of solos:	Style of solos:	
01	1	eference. Please note that the instructors will make the ill take your preference into
Are you interested ir	ı being considered f	for the group tap routine? YES or NO?
that this will have an	extra cost associate ography charges. Yl	<b>ographed by an outside choreographer? Please note</b> <b>ed with the routine to help cover airfare, hotel</b> ES or NO? (Please note that you have to be present for ss.)

Parent Signature: Date:
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