



VARSAITY AUDITION FORM

Please bring the completed form to your audition.

Student Name: _____ DOB: _____ Grade: _____
(As of September 2017)

Mother's Name: _____ Cell Phone: _____

Mother's Email: _____

Father's Name: _____ Cell Phone: _____

Father's Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Does the student have tumbling experience? Y / N How many years of training: _____

Please indicate skills accomplished: front/back walkovers/back handspring/side aerial/front aerial/back tuck

Would your dancer be interested in adding Competitive (Optional) Routines? ___ Ballet ___ Hip Hop ___ Tap



Office Use

Items that need to be turned in the day of audition:

- **\$30 Audition Fee is Non-Refundable** paid by **credit card** (**NO** checks or cash will be accepted for this fee, no exceptions).
- **Posted-dated check for mandatory Jazz Intensive dated June 12, 2017** (This check serves as a deposit. If your child does not make the team, it will be **shredded**; if your child makes the team, it will be deposited. There are **NO REFUNDS** on this deposit if your child decides not to take their place on the team.)

Petite Jazz Intensive \$225
 Mini Jazz Intensive \$250
 Junior Jazz Intensive \$300

Teen Jazz Intensive \$300
 Senior Jazz Intensive \$300

We are only allowed to keep your credit card information on file for one year. Each year we are required to reenter your credit card information. This takes place during the months of May and June each year. Please enter your credit card information below.

Circle One: Visa MasterCard Discover

Card Number _____ Exp. Date: _____

CVS Code: _____ Cardholder's Signature _____