

Audition Form

Audition Fee \$130

Student Name: _____ Age on 1/2023: _____

Birthdate: _____ Grade for 2022/23: _____

Parent Name: _____ Phone: _____

Address: _____

Parent Email: _____

Audition Age Group - Age as of 1/2023

___ Age 5-7

___ Age 8-10

___ Age 11-13

___ Age 14+

Program of Interest - Please see company outline for minimum time commitments for each team

___ **Prima**

___ **Standard**

___ **Advanced**

**Advanced company members are required to take ALL dance styles except acrobatics & competitive ballet.*

Advanced company members must attend the nationals competition at the end of the season

Interest in Optional Classes:

Production ___ HipHop ___ Musical Theater ___ Acrobatics ___ Competitive Ballet ___ Gym Team ___ Tap ___

Solo ___ Duo ___ Trio ___ Small Group ___

New Company Students Only:

Dance Experience (indicate number of years, if applicable):

Ballet ___ Tap ___ Jazz ___ Hip Hop ___ Contemporary ___ Lyrical ___

Current Dance School: _____

Competition Experience (number of years): _____

I, the undersigned, understand I am responsible for payment of all competition entry fees and all costume fees. My dancer will commit to the mandatory choreography week scheduled for the end of August. I understand that good attendance is vital for my dancer, and the team's progress. My signature signifies our family's commitment to the GBSD Competitive Company. **I understand that all team placements are at the sole discretion and final word of the director.**

Dancer Signature: _____

Parent Signature: _____ Date: _____