



2024 SUMMER DANCE INTENSIVE AUDITION APPLICATION
July 8 – August 2, 2024

DANCER'S NAME _____ DOB _____ AGE _____

PARENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ PHONE (C) _____ EMAIL _____

I am interested in attending:

[] Week 1 (7/8-7/12) [] Week 2 (7/15-7/19) () Week 3 (7/22-7/26) [] Week 4 (7/29-8/2)

Current Academic School _____ Current Grade _____

Number of years of dance _____ Current Dance Studio _____

Is Student on Pointe? [] Yes [] No If yes, when did Student go on pointe? Month _____ Year _____

Does your Student have any physical limitations or allergies that we should know about? [] Yes [] No

If YES, please describe _____

Parent/Guardian's Signature _____ Date _____

FOR OFFICE USE ONLY

[] PRE-REG/PRE-PAID [] WALK-IN REG PMT REC'D: _____

Notes: _____
