

Competition Team Audition Form 2013-2014

Student Name:	Student cell phone:				
Date of Birth:	Age as of 1/1/14: T-Shirt Size:				
Grade attending this fall:	School:				
Mom Name:	ame: Cell phone:				
Dad Name:	Cell phone:	_ Text: Yes No			
Home phone:	Email:				
Street Address:					
City:	Zip Code:	· ·			
	/ContemporaryTap is required to audition in ballet*				

Any student wishing to be considered for a competition solo must prepare a 1 minute solo piece (approximately) & perform it during the audition week. Bring music on either an iPod (preferred) or CD. Students should be prepared to perform their prepared solo as early as the 2nd day of their audition workshop. Depending on how many people audition for a solo, we may need some students to audition their solo at the workshops rather than on Saturday at the final audition to have time for everyone.

Please bring this completed form with your 8x10 headshot to the first day of the audition workshops.

*Audition Attire – Black Leotard, booty shorts, tights and hair in bun. Proper shoes for ballet, jazz/acro, contemporary/lyrical and/or tap.

Please answer the following questions:

1.	I have read the MLSD Competition Team overview and understand the basic expenses and commitment level involved.					
	COMMI	itilient level ilivolved.	Yes	No		
2.	Composite Pro	etition Team, Advanced Compe otégé/Elite or Advanced Compe e indicate what your preference	etition Team, etition Team, e is:	otential results from my audition – Novice or Protégé/Elite Competition Team. If selected for you have the option of the lesser commitment.		
3.	SOLOs a. I would like for my child to be considered for a solo, understanding that there will only be a few dancers selected for a solo.					
		dancers selected for a solo.	Yes	No		
	b. Please list the dance style your child would like to compete with in a solo					
	C.	Please list the teacher who you would like to choreograph your child's solo				
	d.	If that choreographer is unavachild's solo.	ailable are you	u open to someone else choreographing your		
			Yes	No		
4.	DUET/TRIOs a. I would like for my child to be considered for a duet/trio, understanding that there will only be a few dancers selected for a duet/trio.					
			Yes	No		
	b. Please list the dance style your child would like to compete with in a duet/trio					
	C.	c. Please list the teacher who you would like to choreograph your child's duet/trio				
	d.		ailable are you	u open to someone else choreographing your		
		child's duet/trio.	Yes	No		
5.	I understand that my child will not be chosen for MLSD competition team if he or she is already					
	comm	itted to another competitive dar	Yes	No		
6.	Please list any comments or schedule conflicts you feel we should know about concerning your child's next year.					
P	arent 9	Signature [.]		Date:		