

Competition Team Audition Form 2014-2015

Student Name:	Student cell phone:			
Date of Birth:	Age as of 1/1/15: T-Sh	irt Size	:	
Grade attending this fall:	School:	<u></u>		
Mom Name:	Cell phone:	Text:	Yes	No
Dad Name:	Cell phone:	Text:	Yes	No
Home phone: Er	mail:			
Street Address:				
City:	Zip Code:			
Auditioning in the styles of: JazzLyrical/ContemporaryTapAcrobats *Everyone is required to audition in ballet*				
	ece (approximately) & per bring music on an iPod or	form i Phone	t dur e.	ing
Students should be prepared to poor of their audition workshop. Dependent may need some students to aud Saturday at the final	ding on how many people audi	tion for s rathe	a solo), we

Please bring this completed form with your 8x10 portrait headshot to the first audition workshop.

*<u>Audition Attire</u> – 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.

Yes No

2. I understand that if I make the team there are 3 potential results from my audition - Novice Competition Team, Advanced Competition Team, or Protégé/Elite Competition Team. If selected for the Protégé/Elite or Advanced Competition Team, you have the option of the lesser commitment. Please indicate the highest commitment level you are willing to accept: ___Novice ___Advanced ___ Protégé/Elite 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. 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 unavailable are you open to someone else choreographing your child's solo. 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. Please list the teacher who you would like to choreograph your child's duet/trio_____ d. If that choreographer is unavailable are you 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 committed to another competitive dance team. (Dancer cannot be on 2 competition teams). Yes No 6. Please list any comments or schedule conflicts you feel we should know about concerning your child's next year.

Parent Signature:

Date: _____