The Foundation Of Arts

Competition Dance

Audition Information form

Please PRINT legibly.

Name _____ Birth date ____-____-____ Age_____ Height_____

Parent/Guardian(s) Name (if applicable)_____

Mailing Address _____ City _____ Zip _____

Cell Phone _____ 2nd Cell Phone _____ Work Phone

E-mail _____School_____ Employer_____

May we provide your contact info to cast members?_____

Please check <u>all</u> the statements that apply to you:

□ This is the day of the week that I cannot attend class:_____

- o I will attend the weekend workshops.

□ This is the style of dance that I love:_____

□ I would really like a solo, but will accept a group dance anyway.

□ Please do not consider me for a solo dance

- o I am currently in an FOA class. If so, which one?_____
- o I have taken an FOA class in the past. If so, what? when?_____
- o Here is the name (names) of the person I'm auditioning with. How important is it that you are cast together? Explain_____

Important Notice:

Conflicts are taken into consideration when casting. Please tell us if there is an activity that will take precedent over competition dance.

ACTIVITY	DAYS OR DATES	TIME OF DAY