

POWERHOUSE DANCE COMPANY

Competitive team audition form

Audition #: _____

Name: _____ Age (as of Dec.31/17): _____

Parent name: _____ Phone #: _____

Parent e-mail address: _____

Previous dance experience and/ or previous studios (If you danced at a different studio please list what dances they competed in last year):

How many choreography numbers are you allowed to participate in? _____

Please place a checkmark beside the disciplines you will be auditioning for:

___ Jazz ___ Acro ___ Tap ___ Lyrical/Contemporary ___ Open

___ Musical theatre ___ Hip-hop ___ Ballet ___ Song and dance

Are you interested in a solo? _____

Are you interested in a duet/trio? _____

Comments/Requests (duet/ trio partners, specific disciplines, etc.):

Why would you like to be part of the PowerHouse Dance Company's competitive team for the upcoming dance season?

Parent signature: _____

****Please note all decisions will be made by the faculty of PowerHouse Dance Company. If you have any questions or concerns please contact the director before the audition date by e-mail. powerhousedancecompany@yahoo.ca**