



COLLABORATION 2020 AUDITION

2019/2020 Season

Studio Name: _____

Student First & Last Name: _____

Parent's Email Address: _____

Phone Number: _____

Current Age: _____ Birth Date: _____

Please check off the style(s) you are interested in:

- | | |
|--|--|
| <input type="checkbox"/> Lyrical 14 years+ | <input type="checkbox"/> Classical Ballet 10 -13 years |
| <input type="checkbox"/> Hip Hop 14 years+ | <input type="checkbox"/> Hip Hop 10-13 years |
| <input type="checkbox"/> Jazz 14 years+ | <input type="checkbox"/> Broadway Jazz 10-13 years |
| <input type="checkbox"/> Contemporary Pointe 14 years+ | <input type="checkbox"/> Modern 10-13 years |

If accepted into one of the above pieces of choreography I hereby fully commit to all rehearsal dates and times, the dress rehearsal date and time as well as the show date and time. I give consent to be photographed and filmed for social media and promotional material. If accepted, I commit to the participation cost of \$20.00 for performing in Collaboration 2020 which will include a t-shirt.

(signed by Parent/Guardian)

(signed by Student)