

Arlington Dance Ensemble

Audition Form

Please complete and bring to the Arlington Dance Ensemble Audition on Sunday, June 3, 2018

Audition Number: _____
Assigned by the Office on the day of the audition

Dancer's Name: _____ **Age:** _____

Parents' Names: _____

Address: _____

Phone #: _____ **Date:** _____

Email Address: _____

Current Students

Fall 2018 Placement

Level: Ballet _____

Jazz _____

Tap _____

Modern _____

New Students

Please describe your previous dance experience:

Completed Ensemble Agreement: YES NO

To be circled by Office Staff