

CK COMPETITION TEAM AUDITION FORM

Dancer's Name: _____

Date of Birth: ____/____/____ Age as of 1/1/2025 _____

Parent Name: _____

Parent Email: _____

Parent Phone number: _____

Please check all that you are interested in. Please note that placement is not guaranteed. We will take your preferences into consideration.

- Jazz/Tap Competition Team (ages 5-7 only)
- Jazz Competition Teams (ages 8 and up)
- Lyrical/Contemporary Competition Teams (ages 8 and up)
- Hip Hop Competition Teams (ages 5 and up)
- Elite Company Pieces (ages 5 and up - more requirements)

What is the earliest time you can start classes during the school year? _____

Please list any other activities/school activities you are involved in.

Please list any conflicts you will have in the afternoons/evenings during the school year.

Please list any known conflicts on weekends from August 17th - May 5th.

Please return this completed form, an 8 x 10 headshot and your \$50 Audition Workshop Fee to the front desk by August 1st.