

Avant Dance

AUDITION REGISTRATION FORM (PLEASE PRINT)

DANCER'S NAME: _____

First

Last

BIRTHDATE: _____

Month | Day | Year

AGE: _____

HOW MANY YEARS OF TRAINING HAVE YOU RECEIVED?

BALLET: _____

JAZZ: _____

HIP HOP: _____

MODERN: _____

LYRICAL: _____

TAP: _____

AUDITIONING FOR WHICH COMPANY?

- MINI & JUNIOR (Age 6 to 11)
- TEEN & SENIOR (Age 12 to 21)

MAILING ADDRESS: _____

City

State

Zip

PRIMARY EMAIL ADDRESS: _____

PRIMARY PHONE NUMBER: _____

Please fill out form and return to Avant Dance when auditioning.

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361-653-3269 | www.avantdance.com