

KANE & COMPANY
COMPETITION TEAM
AUDITION FORM
(one form per dancer)

Name of Parent or Guardian _____

Email Address _____

Home # _____ Cell # _____

Name of Dancer _____

Birthday ____________ Age _____

Please check one:

June 18 Audition _____ July 30 Audition _____

Please check which team classes you will audition in:

Tap____ Jazz ____ Hip Hop____ Lyrical____ Clog____ All _____

Total # of classes _____ x \$10 audition fee = \$ _____

Make checks payable to Kane & Company. Form must accompany payment.

Check # _____ Cash _____ Date _____