

CREATIVE EDGE DANCE CENTER

move. shape. inspire.

2024-2025 EDGE CO AUDITION FORM

Dancer Name: _____ Audition No.: _____

Birthdate: ____/____/____ Age as of Jan. 1, 2025: ____

What grade will your dancer be in for the 2024-2025 school year? _____

Parent Name: _____

Parent(s)/Guardian(s) Email(s):

Parent(s)/Guardian(s) Phone:

Years Dancing: _____ Competitive Dance Experience? ____Yes ____No

Experience in: (choose all that apply!)

- ___ Ballet ___ Jazz
- ___ Contemporary ___ Tap
- ___ Hip Hop ___ Acro
- ___ Modern ___ Musical Theater/Broadway Jazz

Interested in: (choose all that apply!)

- _____Competitions _____Conventions _____Local Performances

Please list any other activities you plan to be involved in during the 2024-2025 school year that may conflict with dance classes, competitions, rehearsals (school dance company/team, soccer, cheerleading, musicals, family event, etc.). If no potential conflicts, please indicate with N/A:

