



OFFICE USE ONLY  
AGE GROUP:

## 2018/2019 Season Company Auditions

### Company Dancer Audition Profile

Complete this form in its entirety and return it with your dancer on the first day of auditions 8/4/18. Please visit the NEW REGISTRATION line and plan to arrive 15-30 minutes before audition time. You must submit this form with the signed policies agreement form and the optional parent comments form.

**PLEASE CHECK ONE**

RETURNING COMPANY MEMBER

NEW DANCER

Dancer First and Last Name:	
Birthdate:	
Age as of 1/1/2019:	
# of years in competitive dance:	
Parent/Guardian Name:	
Mobile #:	
e-mail:	

Please indicate below the # of group dances, duet/trios and solos you are requesting. Requests are not guaranteed. Group placements are final and not up for discussion with OCPAA staff and faculty. We recommend listing the max # of dances you are open to. More groups requested = more chances of being in multiple groups. Please see the OCPAA Company Packet for a description of group dances, duet/trios and solos. **PRODUCTION:** All company members are required to participate in the Production IF IT IS DECIDED TO HAVE ONE. This dance will *BE IN ADDITION* to the group dance amount that you request. Do not include Production in your count for the group dances you are requesting. You are not required to pay a costume deposit for production. There will be no rehearsal fees for production.

Number of GROUP DANCES requested:	
Number of DUETS/TRIOS requested:	
Number of SOLOS requested:	
SOLO Choreographers requested:	1.
<i>Choreographers are not guaranteed. Your assigned choreographer will contact you directly.</i>	2.
	3.

### COSTUME DEPOSITS

All dancers will be required to pay a \$75 deposit per group dance requested on 8/4/18. Payments are made by cash/check/card. We will have a payment structure for the remaining costume balance payable by 12/31/18. All deposits will be applied to final balance for group dances assigned.

I UNDERSTAND AND AGREE THAT ALL COSTUME DEPOSITS ARE NON-REFUNDABLE AND UNDER NO CIRCUMSTANCES, INCLUDING DEPARTURE FROM OCPAA, WILL BE REIMBURSED.	
SIGNATURE:	DATE:

Total # of GROUPS requested:	AUDITION FEE: <input type="checkbox"/> \$50 RETURNING <input type="checkbox"/> \$75 NEW
x \$75.00 = TOTAL DEPOSIT APPLIED	TOTAL PAYMENT: \$

Check here to charge card on file

**Indicate NEW card information below:**

Name on Card:	Card #:
Exp Date:	Billing Zip:

OFFICE USE ONLY:	<input type="checkbox"/> CHECK #	<input type="checkbox"/> CASH	<input type="checkbox"/> CARD/APPROVED	<input type="checkbox"/> PACKET SIGNED
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