



OFFICE USE ONLY
AGE GROUP:

2018/2019 Season Company Auditions

Dance Club 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 DANCE CLUB 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 DANCE CLUB MEMBER

NEW DANCER

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

Please indicate below if you would like to request a solo, duet or trio. Requests are not guaranteed. All Dance Club members will be placed in two competition dances. If more group dances are decided on by OCPAA staff all Dance Club members will be contacted with the option to participate. Group placements are final and not up for discussion with OCPAA staff and faculty. Please see the OCPAA Dance Club Packet for a description of group dances, duet/trios and solos.

Number of GROUP DANCES requested:	2 FOR DANCE CLUB
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: 2	AUDITION FEE: <input type="checkbox"/> \$50 RETURNING <input type="checkbox"/> \$75 NEW
2 x \$75.00 = \$150.00 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"/> POLICIES SIGNED
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