



COMPANY DIVISION - APPLICATION FORM

Dancers Name: _____ Age: _____ DOB: _____

Contact Information:

Address: _____, _____, _____
City Postal Code

Phone: _____
Home Work Cell

Email(s): _____

A few reminders:

Audition dates and times will be sent once the application has been reviewed and processed.

New members (transferring from another studio) require a pre-evaluation prior to attending the auditions.

Please answer the questions below:

1. Is your child interested in having an EXTRA (solo,duet/trio)? YES NO
2. Is your child interested in doing jazz exam classes? YES NO
3. Is your child interested in doing tap exam classes? YES NO
4. Is your child interested in doing ballet exam classes? YES NO

Please use this space below to add include additional information about your child's background, experience, and interests. Although this does not guarantee what division or classes your child will be selected for, we will take this information consideration. All final decisions and recommendations are at the discretion of the BDC faculty.

Parent/Guardian _____ Date _____