

Competitive Dance Company Audition and Informational Submission Season 2025-2026

(Current students do not need to fill-out address section unless it has changed)

Student's Name	Age			
Grade as of September				
Parent Cell				
Parent email				
Address				
	_Zip			
Dance Experience:				
Any additional information you w	ould like us to know about			
Any additional information you would like us to know about				

What are you interested in (Please Circle):

Jazz Piece	Yes	No			
Lyrical Piece	Yes	No			
Contemporary Piece	Yes	No			
Hip Hop Piece	Yes	No			
Acro Piece	Yes	No			
Guest Artist Piece	Yes	No			
(Additional fee)					
Do you have other active commitments? If so, please explain	vities th	at may con	flict with yo	our dance	
Maximum pieces you v	vould li	ke to be pla	aced in		
		•		NI -	D - 41-
Are you interested in a	solo or	auo/trio	Yes	No	Both
An email will be sent 5 information about danc dance company contract	e comp	•			
Please read the following	ng and s	sign and da	te if you agi	ee.	
I grant permission to Thand/or video of my chil					-
All students and the parmay occur during dance performances and are we Dance Loft, LLC, its dispose PERSONAL INJU	e/tumbl villing to rectors,	ing classes o assume the and associ	, aerial, rehe nose risks. I ates are NC	earsals, and t is agreed th	at The
Parent/legal guardian					