

**Company Audition Application Form**Please fill out the following information and bring it with you to the ODA Company Intensive and Auditions.

PERSONAL									
Student Name:	tudent Name:			Birthdate:					
Address:	City:			Zip:					
Student Home Number:		Cell Number:							
Student Email Address:	ddress: Parent Email Add								
EDUCATION									
Student's school beginning in August:									
Student's school grade level in August:									
What year will you graduate from high school?									
Do you have previous team experience? Y / N									
Are you currently involved in any school activities? Y / N									
If yes, please explain:									
DANCE EXPERIENCE									
Please list any dance related awards or accomplishments:									
Please list all performance (dance or otherwise) experiences:									

What is your most important dance goal as you see it today?								
Why do you want to become a member of the 2020-2021 ODA Company?								
If your past dance training has not been at ODA, please attach a detailed history of classes taken (include: class types, year & age trained, location, etc.)								
Please list your current	t (or most recent) cla	ss schedule:						
Day	Time	Teacher	Class					

Specialty Routine Request Form

If you are interested in being considered for a Specialty Routine, please fill out the following form and submit it at auditions.

Specialty	Routine Reque	st Form					
Name:							
Student's sch	ool grade level in Au	gust:					
Routine you v	wish to be considered	d for (rate from :	1 to 3: 1= mo	st desired; 3= least d	esired)		
SOLO	DUET		TRIO	SMALL GR	OUP		
Are you willin	ng to participate in m	ore than one ro	utine?	Υ /	N		
Styles you are	e most interested in	performing (rate	from 1 to 9:	1= most desired, 9=	least desired)		
TAP	JAZZ	BALLET	LYRICAL	CONTEM	PORARY		
M	USICAL THEATRE	НІР НО	P	ACRO/TUMBLING			
Please read and agree to the following terms:  1. I understand that being selected to perform in a Specialty Routine is a privilege.  2. I am committed to putting my team routines first.  3. I understand that any attendance or attitude problems could result in removal from the Specialty Routine.  4. I understand that selection in a Specialty Routine will result in additional fees and rehearsal hours.  5. I understand that while requests will be taken into consideration, all casting is at the discretion of the director based on what she deems best for each student.							
Student							
Parent					 Date		