



CREATIVE ARTS AND EVENTS CENTER

**Yello! ELITE Performance Dance Troupe
2017/2018 Audition Form**

Name: _____

Address: _____ Phone: _____

Age: _____ School: _____ Grade: _____

How many years have you taken dance classes?: _____

If so, what style(s): _____

What is your favorite dance style(s): _____

What studio(s) have you taken class from (if applicable): _____

Do you have gymnastics or acro training?: _____ If so, how many years?: _____

How did you hear about this audition? (please circle)

Facebook Instagram Website Word of Mouth School Mailer Other: _____

Emergency contact:

Name: _____ Relationship: _____

Phone: _____ Email: _____

FOR STAFF USE ONLY

Audition No. _____

Please rate the dancer on a scale of 1-10 (10 being the highest) on the following criteria:

Ability to learn choreography: _____

Overall attitude: _____

Performance quality: _____

Stage presence: _____

Showmanship: _____

Total score: _____ /50

Additional comments: