

Legacy Dance Performing Team Audition Form

Name: _____ Audition Number: _____ Age: _____

Grade: _____ School: _____ Phone: _____

Email: _____

Parent Name (if under 18): _____

Parent Phone (if under 18): _____

What do you love most about dance?

What is your previous dance experience?



LEGACY
School of Dance

Why do you want to be in a Legacy Dance Performing Team?

Student Signature: _____ Date: _____

Parent Signature (if under 18): _____ Date: _____