Kinetic Dance Force Company

Student Audition Form

$30 Audition Fee due with form

689-209-4300 **www.info@kdanceforce.com**

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____

Gender: ___ Female ___ Male # of Years Dancing ____

Age (as of audition): ____ Date of Birth: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Parent): _____ Telephone (Student): _____

Email (Parent email & Student email if applicable): _____

_____

PLEASE INDICATE CHOICES

_____ I am limited to _____ group routines

_____ I am not limited as to group routines

_____ I am interested in competing ____ solo/solos

I WANT TO BE A KINETIC DANCE FORCE COMPANY MEMBER BECAUSE – write a brief paragraph on why you want to be a part of the Kinetic Dance Force Company.

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