



Arc Youth Dance Company (AYDC)
Audition Registration Form
(Please print)

Current ASB class level _____ Date _____

Non-refundable: _____ \$10 Audition fee

Student Name: _____ Parent/Guardian Name _____

Address: _____ City _____ ST _____ Zip _____

Home phone _____ Parent Contact phone _____

Student Contact email _____ Parent/Guardian Contact email _____

Date of Birth _____ Current Age _____ Grade in School _____ Gender _____

Any Health, Allergies, and/or Physical conditions (injuries, medications etc) we should be aware of:

Please write a short paragraph about why you would like to become a member of AYDC(use back of paper if necessary):