



Please complete and bring to audition.  
Please attach a current picture such as a school picture with form!

## Audition Registration Form

**Dancer's Name:** \_\_\_\_\_ **Age in Sept:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mom's Name:** \_\_\_\_\_ **cell Phone:** \_\_\_\_\_

**Dad's Name:** \_\_\_\_\_ **cell Phone:** \_\_\_\_\_

**email:** \_\_\_\_\_

**Medical Conditions/  
medications:** \_\_\_\_\_  
\_\_\_\_\_

**DANCE EXPERIENCE:** *(resume can be attached is desired)*

**Other talents/performance experience/skills:**

**Why are you auditioning for Alberta Dance Theatre?**

**How did you hear about the audition?**

All personal information is kept strictly confidential. Contact information is added to our mailing list for future notifications of shows, auditions and information regarding Alberta Dance Theatre. If you do not wish to be added to our general mailing list, please tick this box.