



# IN MOTION DANCE



All dancers must bring this form and \$10 /\$15 per family (payable to In Motion Dance) to their audition; dancers will be unable to audition without them. All dancers must have a zero balance on their account to audition. Please contact Miss Jessica at: [jwielondek@yahoo.com](mailto:jwielondek@yahoo.com) with any questions. **ALL dancers must attend both the workshop and audition. A mandatory parent meeting will be July 29<sup>th</sup> at 7:30 PM.**

Student's Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Dancer's Birthdate: \_\_\_\_\_ Dancer's Age: \_\_\_\_\_ 2016-2017 School Grade: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

## **Dance Training**

<b>Style</b>	<b># of Years of Training</b>	<b>Studio Name</b>
Ballet	_____	_____
Tap	_____	_____
Jazz	_____	_____
Other	_____	_____

## **Additional paper may be used to answer these questions.**

**Please list any other additional dance experience you have (i.e.: school teams, musicals, etc.)**

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\_\_\_\_\_

\_\_\_\_\_

**Why do you want to be a member of IMD's Dance Company? Please be specific**

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**Why is dance important to you?**

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**What are your dance goals for the 2016-2017 season and how will you achieve them?**

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### **IMD Dance Company Guidelines**

As a member of IMD's Dance Company I agree to the following:

I am aware that being a member of IMD's Dance Company requires 60-90 minutes of company class plus an additional technique class (Thrive, Artistic, Refined)

Dancer's Initials \_\_\_\_\_

I am committed to being a dedicated dancer to In Motion Dance studio and the Dance Company and will make additional rehearsals, performances, and events a priority.

Dancer's Initials \_\_\_\_\_

I will be respectful to my fellow dancers and instructors. I will be a responsible and supportive member of In Motion Dance studio and the Dance Company.

Dancer's Initials \_\_\_\_\_

**I give my permission for my dancer to participate in the 2016-2017 In Motion Dance STAR Dance Company or Starburst Jazz Company auditions. I agree to pay my tuition and costume balances on their due date or make payment arrangements prior to their due date. I understand that there will be additional costs, rehearsals, performances, and commitments that I will support my dancer in abiding by.**

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

New students to the studio must submit a signed waiver – available to download on our website:  
dancinginmotion.com

Audition Number \_\_\_\_\_

Check Number \_\_\_\_\_