



Sign-in to Receive Audition Number

SU DANCE COMPANY AUDITION FORM

Name for printed program \_\_\_\_\_

Phone \_\_\_\_\_ SU Email \_\_\_\_\_

Campus PO Box \_\_\_\_\_

Home Address \_\_\_\_\_ Hometown, State \_\_\_\_\_

City/State/Zip \_\_\_\_\_ SU Honor Societies \_\_\_\_\_

Check  FR  SO  JR  SR SU ID # \_\_\_\_\_ GPA \_\_\_\_\_ 1<sup>st</sup> Major \_\_\_\_\_

Check  Male  Female Height \_\_\_\_\_ Hair Color & Length \_\_\_\_\_ 2<sup>nd</sup> Major \_\_\_\_\_

Minor \_\_\_\_\_

If you have a dance injury, explain here \_\_\_\_\_

If you wear a "Medic Alert" or suffer from any illness or affliction that may prevent you from rehearsing/performing, explain here: \_\_\_\_\_

Who do we contact in case of an emergency or if you are a "no show"? List relationship, name, and numbers here: \_\_\_\_\_

For 8-10 weeks, students rehearse a dance for 1.5 hours per a week. A dancer's rehearsal schedule is determined by a choreographer's casting audition. A dancer can rehearse up to four works a week, including finale. Selected weekends are reserved for guest artist rehearsal and require full participation on all days. A production of technical rehearsal/performance runs during the 12<sup>th</sup> week Mon-Sat evenings with a 5:30p call each night.

"X" out days and hours you are NOT available to rehearse or perform. Clear spaces will indicate when you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
4:30	DANCE COMPANY		DANCE COMPANY				
5:30			BREAK				
6:30			REHEARSAL 1	REHEARSAL 3	REHEARSAL 5	REHEARSAL 7	
7:00							
8:30	REHEARSAL 2	REHEARSAL 4	REHEARSAL 6	REHEARSAL 8			
10:0							

Are there any other dates and times that you KNOW you will not be available – Band, Chorus, Theatre, Organizations, Wedding? Please list the dates and times of conflicts or write "None Known" on line below: \_\_\_\_\_

- I understand that lack of availability will affect my chances for making the roster and being cast.  Yes  No
- I will accept any role, including understudy, if cast.  Yes  No
- I understand that a chronic injury requires – by Friday, September 4 – a doctor's note to clear me.  Yes  No
- I understand there should no academic conflict with rehearsals; I will arrange for absences during production week with my evening instructors.  Yes  No

Note: This information will be treated as Confidential. I certify that the information provided is correct and agreed to:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Complete both sides and bring three single-page (back-to-back) copies to audition.

