



Audition Form 2024-2025

Audition number: _____
For office use only

Dancer Information

Name: _____

Birthdate: _____ Competition Age as of 1/1/2025: _____

School: _____ Grade (2024-2025): _____

Dancer Email: _____

Dancer Cell Phone: (____) _____

Shirt Size: _____ Pants Size: _____ Dress size: _____

List 2 strengths and 2 weaknesses within your dancing:

☐ I am auditioning for a solo* (1-minute solo and essay to be submitted virtually)

*current (2023-2024) edge team members will automatically be given a solo

Parent Information

Name: _____ Phone: (____) _____

Email: _____

By signing below, I agree to allow my dancer to participate in the audition for dELIRIUM dance company, and agree to not hold Chesterfield Dance Center, LLC liable for any injuries sustained in the audition process. If selected for the company, I understand participation will require a financial and time commitment from June 2024 through June 2025, and that I will abide by the mutually agreed upon rules (team handbook and contract will be sent prior to the team meeting at the start of the season).

Dancer: _____ Parent: _____

Audition fee: \$25/dancer OR \$40/family

☐ PAID CASH

☐ PAID CHECK

