



## COMPETITIVE CO. APPLICATION & REQUEST FORM

**\*\*Applications Due MAY 25<sup>th</sup>\*\***

Audition Fee \$20 (Due at time of application submission)

Dancer Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Current Dance Studio: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age as of **January 1st, 2022** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**YEARS OF COMPETITIVE EXPERIENCE:** \_\_\_\_\_

**GROUP ROUTINES: (each member will be in a minimum of one group routine)**

# of Extra Group Routines I would like to be in: \_\_\_\_\_

I would like to be considered for a **SOLO**  **2nd SOLO**  **DUET/TRIO**

**~NOT EVERY MEMBER WILL BE SELECTED FOR THE SAME NUMBER OF ROUTINES~**

If you would be interested in a Solo, what style would you like to be considered for?

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*We understand that this form represents our request only and does not guarantee participation in specified amount of routines, if any. We also understand placement in routines is solely the responsibility of MDA staff and will be in the best interest of the MDA competition team, as a whole.*

Dancer Signature: \_\_\_\_\_

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