

COMPETITIVE DANCE CO. APPLICATION & REQUEST FORM

Applications Due On or Before MAY 24^{th} **Ages 9+ Audition Fee \$40, Ages 5-8 \$30 Cash/Check Only**

(Due at time of application submission)

Dancer Name:	
Parent Name:	
Phone Number:	Current Dance Studio:
Email Address:	
Age as of January 1st, 2025	Date of Birth:
YEARS OF COMPETITIVE EXPERIENCE:	
GROUP ROUTINES: (each member will have a minimum of one/two group routine(s)) ~NOT EVERY MEMBER WILL BE SELECTED FOR THE SAME NUMBER OF ROUTINES~ # of Extra Group Routines I would like to be considered for:	
I would like to be considered for a SOLO DUET/TRIO	
If you would be interested in a Solo, what style would you like to be considered for? Do you have a choreographer preference?	
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:	