

**2011-12 Mini/Junior/Teen/Senior
TOC Competition Team Audition Application**

PERSONAL

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Birth Date: _____ Present Age: _____

Home Phone: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Parent's Work Number(s) _____

Parent's E-mail Address: _____

Any medical conditions (asthma, etc.): _____

EDUCATION

School Attending: _____

Grade: _____

EXPERIENCE

Dance Training and Performance experience (include schools/studios, instructors' names and phone numbers)

Miscellaneous

Are you available for Saturday rehearsals? YES NO

What additional information would you like us to know about you that isn't included on the application?

If you have any questions, please contact *Tara Liberatore* at tliberatore@tocdance.com

Applications must be received at the office by June 1st, 2011. If necessary you may bring the application to the audition.

If you make the team, you will receive a confirmation competition letter detailing financial info, rehearsals, and competition info.