**Audition Form for Nutcracker/Company**

Full Name: Number: (director will fill out)

Age:

Height:

Hair Color:

Eye Color:

Prior Nutcracker Dance Experience with SADC (Please list all classes/prior Nutcracker experience your student has had with SADC):

Prior Company Dance Experience with SADC (years):

Interested in a solo/duet/trio/small groups: YES/NO (circle one)

Interested in Corps de ballet (Large group/Team) ONLY: Yes/NO (circle one)

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent signature

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student signature