



## Pre-Academy/Academy Audition Registration Form

I am auditioning for (circle one):

PRE-ACADEMY

ACADEMY

### Contact Information

Name	
Street Address	
City, State Zip Code	
Cell Phone	
Email Address	
Age/ Grade in School	

### Parent/Guardian Contact Information

Name	
Street Address	
City, State Zip Code	
Cell Phone	
Email Address	

### Past Training (include schools, summer intensives, etc.)

School/Program	Year(s) Attended

THE SCHOOL OF



SPECTRUM DANCE THEATER  
DONALD BYRD

### Questionnaire

Why do you want to join the School of Spectrum Dance Theater Pre-Academy/Academy Program?

What do you hope to gain from the Pre-Academy/Academy Program?

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. A signature from a parent/guardian is only required for those under the age of 18.

\_\_\_\_\_

Signature

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

### Our Policy

It is the policy of the school of Spectrum Dance Theater to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in the Academy Program! If you have any questions or concerns, please contact Mary Sigward at [mary@spectrumdance.org](mailto:mary@spectrumdance.org).