

LPAC PERFORMANCE GROUP AUDITION SHEET / PERMISSION FORM

STUDENT NAME: _____

CURRENT AGE: _____ GRADE IN SEPTEMBER: _____

GROUP AUDITIONING FOR: **Please check only one group per form and fill out a separate form for any additional group**

- LOCUST LAB LOCUST PREP LOCUST JAZZ DANCE COLLECTIVE LCDW I & II
 KOOL KIDZ HIP HOP FOCUS HIP HOP HIP HOP'S FINEST - by invitation
 L.E.D. - L.E.D. JAZZ L.E.D. HIP HOP L.E.D. CONTEMPORARY

STUDENT'S AFTER-SCHOOL ACTIVITIES (sports, theater productions, teams, clubs, etc. - other than dance)

Usual days/times these activities meet, practice or perform _____

I understand that these are intensive programs designed for students whose primary extra-curricular activity is dance and, if chosen, my dancer will need to commit to multiple classes, rehearsals, performances and their associated fees. I acknowledge that consistent attendance and participation is required and that time conflicts with other activities/events could result in limited participation and/or removal from the group.

PARENT SIGNATURE: _____ DATE: _____

PARENT NAME: _____ EMAIL: _____

STUDENT EMAIL (if any): _____

FOR STAFF ONLY

TECHNIQUE 1 2 3 4 5 Notes:

FREESTYLE 1 2 3 4 5 Notes:

STAGE PRESENCE 1 2 3 4 5 Notes:

GROUP

LPAC PERFORMANCE GROUP AUDITION SHEET / PERMISSION FORM

STUDENT NAME: _____

CURRENT AGE: _____ GRADE IN SEPTEMBER: _____

GROUP AUDITIONING FOR: **Please check only one group per form and fill out a separate form for any additional group**

- LOCUST LAB LOCUST PREP LOCUST JAZZ DANCE COLLECTIVE LCDW I & II
 KOOL KIDZ HIP HOP FOCUS HIP HOP HIP HOP'S FINEST - by invitation
 L.E.D. - L.E.D. JAZZ L.E.D. HIP HOP L.E.D. CONTEMPORARY

STUDENT'S AFTER-SCHOOL ACTIVITIES (sports, theater productions, teams, clubs, etc. - other than dance)

Usual days/times these activities meet, practice or perform _____

I understand that these are intensive programs designed for students whose primary extra-curricular activity is dance and, if chosen, my dancer will need to commit to multiple classes, rehearsals, performances and their associated fees. I acknowledge that consistent attendance and participation is required and that time conflicts with other activities/events could result in limited participation and/or removal from the group.

PARENT SIGNATURE: _____ DATE: _____

PARENT NAME: _____ EMAIL: _____

STUDENT EMAIL (if any): _____

FOR STAFF ONLY

TECHNIQUE 1 2 3 4 5 Notes:

FREESTYLE 1 2 3 4 5 Notes:

STAGE PRESENCE 1 2 3 4 5 Notes:

GROUP