



STARSHINE ELITE DANCE TEAM

AUDITION APPLICATION 2018/19

Please complete the form and return in a clearly marked envelope to a member of CSBS / Starshine staff with a **small photograph**. Alternatively, email a copy to starshinecheer@yahoo.co.uk. There is an **£10** charge for the audition workshop.

NAME		D.O.B.	
ADDRESS		PHONE	
EMAIL			

I am auditioning for the following level (circle / delete):

YOUTH (age 9-11)

JUNIOR (age 12-14)

SENIOR (age 15+)

Please complete these details with your current dance experience:

Style	Grade	Classes per week	Style	Grade	Classes per week
Ballet			Tap		
Jazz			Acro		
Other					

To be completed by the parent/guardian:

I understand that not all children are accepted for the competitive teams and that the level of financial and time commitment required for competition is considerable. **I agree** to support the decision of the panel.

Signed:

Print:

Date:

ATTACH

PHOTO