

Do not complete
Aud #: _____
Ht: _____



Company of Dance Arts
70 Apple Street Suite A • Tinton Falls, New Jersey 07724
(732) 842-4015 Fax: (732) 842-2704

Attach
photo here

Audition Application for *The Nutcracker*
Saturday • September 15, 2018

AUDITION FEE: \$35 for individual/ \$40 total for immediate family members;

\$25 for an individual/\$30 for immediate family if pre-registered by 7 PM MONDAY, SEPTEMBER 10.

****** CHECK IN: 3:15 PM PRE-TEEN / TEEN • 4:00 PM – 4:45 PM**
HEIGHT RANGE: 58" – 68" – MUST MEET MINIMUM HEIGHT REQ. - STRONG POINTE WORK
 This audition is for dancers who are committed to training a minimum of 3 Ballet technique classes per week.
Academy of Dance Arts or equivalent training level(s): Levels 10 through Intermediate
 Roles: *Angel /Spanish Corps / Chinese Corps / Party Scene Guest / Reindeer*
Please understand that if you are not the required height for the audition, you may be asked to leave.

NAME _____ PHONE (____) _____ AGE _____
 (As it should appear in the program, no middle names please)

ADDRESS _____
 Street City State Zip Code

PARENT EMAIL ADDRESS (PLEASE PRINT CLEARLY) _____

ACADEMIC SCHOOL _____ ARE YOU A GIRL SCOUT? ____ Troop # _____

MOTHER'S NAME _____ CELL PHONE (____) _____

FATHER'S NAME _____ CELL PHONE (____) _____

PRESENTLY STUDYING AT _____
 Complete Name of Dance School (for program) Town/City

LEVEL OF TRAINING AT ADA:

CIRCLE ALL CLASSES LISTED BELOW THAT YOU ARE REGISTERED FOR. PLEASE KNOW THAT IF YOU ARE NOT TRAINING IN ANY OF THE BELOW CLASSES YOU WILL NOT BE ALLOWED TO AUDITION WITHOUT PRIOR CONSENT FROM ARTISTIC STAFF.

110w, 112, 117p, 210, 212, 216, 216pa, 218, 218pw, 310, 312, 312ms, 312pa, 3ym, 317ms, 312pa, 317, 317bp, 317ms, 410, 410ms, 412, 417ms, 417w, 512, 512ms, 610, 612, 616, 617, 66

NAME OF RELATIVE ALSO AUDITIONING _____

Most rehearsals will be on Saturdays (between 3:30 P.M. – 7:00 P.M.) and Sundays (between 10:30 A.M. – 6:30 P.M.). In addition, dancers **must be available for rehearsals and costume fittings** as noted on the **Rehearsal Availability Form**. Dancers may not be scheduled for all weekends and not for the entire time period. You must be flexible and available for rehearsals as needed in order to progress with the choreography. **Those who can attend all rehearsals will be considered first. Those not available for the "setting" of choreography (usually the first few rehearsals) will not be invited to learn that role.** The wearing of eyeglasses during rehearsals and on stage during performances can present safety problems for dancers. Accordingly, casting of dancers who must wear eyeglasses may be limited as determined by the Artistic Staff.

I understand that if accepted, there will be a \$ 250.00 Company Production Fee (\$350.00 total to include immediate family members) due by September 23, 2018. In addition, each family is required to provide 2 checks as follows:

\$ 50 cash/ check for cleaning – this will be returned once clean-up commitment is completed (one Sunday between Sept 23 and Dec 2) and \$ 200 cash/check for volunteer hours – this will be returned once 20 hours of volunteer time is completed

I also understand that I will be required to participate in fundraising and be available to volunteer my time to ensure this production's success. This generally requires 20 hours of personal time spent at home, in the community, at the studio, and/or at the theater during the course of production. **We encourage every family to purchase a minimum of ten tickets per production.**

Please arrive 45 minutes prior to start of audition at the Company of Dance Arts, even if you have pre-registered. Auditions will be held at the Academy of Dance Arts, 70 Apple Street Suite A, Red Bank. Parents new to CODA must attend a mandatory meeting to be held Saturday, September 15 at 4:30 PM.

I agree to volunteer 20 hours OR In lieu of volunteering, please deposit my payment of \$200 (due Sun, 9/23/18)

I agree to clean-up duty on one Sunday OR In lieu of cleaning, I agree to pay \$50 (due 9/23/18)

I have completed the **Rehearsal Availability Form**.

I accept the casting decisions of the Artistic Staff as final and understand that no discussions will be entertained regarding those decisions. (If you are not prepared to accept this policy, you/your child should not audition).

Signature of Dancer or Parent/Guardian (if dancer is a minor) _____ (Please print name that is signed)