

Do not complete

Aud #: \_\_\_\_\_

Ht: \_\_\_\_\_



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

Attach  
photo here

Audition Application for *The Nutcracker*  
**Saturday • September 14, 2019**

**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 9.**

**\*\*\*\* 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 REQUIRED**

**This audition is for dancers who are committed to training a minimum of 3 Ballet technique classes per week.**

**ADA Training Requirements: Must be training in at least one Level 9, 11, or Intermediate Pointe Class**

**NON-ADA Training Requirements: Please refer to Age and Height Guidelines**

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

NAME OF RELATIVE ALSO AUDITIONING \_\_\_\_\_

Most rehearsals will be on Saturdays (between 3:45 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 Company Production Fee (\$350 total to include immediate family members) due by September 22, 2019. 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 22 and Dec 8) 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 14 at 4:30 PM.

I agree to volunteer 20 hours OR  In lieu of volunteering, please deposit my payment of \$200 (due Sun, 9/22/19)

I agree to clean-up duty on one Sunday OR  In lieu of cleaning, I agree to pay \$50 (due 9/22/19)

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)