

www.sjuhawkdancers.com  
sjuhawkdancers@yahoo.com

## Audition Information Sheet

Name: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you submitted your acceptance to SJU?      Yes      No

*If no, rank your top 3 school choices:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone\*: \_\_\_\_\_ Cell Phone\*: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

*\*Please make sure you list the phone numbers and email address you would like us to use to let you know the outcome of your audition*

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Class Year at SJU: \_\_\_\_\_ Major: \_\_\_\_\_

High School: \_\_\_\_\_

Dance Studio: \_\_\_\_\_

Years of Experience in:

Jazz: \_\_\_\_\_ Hip-Hop: \_\_\_\_\_ Ballet: \_\_\_\_\_ Pointe: \_\_\_\_\_

Tap: \_\_\_\_\_ Modern: \_\_\_\_\_ Pom: \_\_\_\_\_ Acro: \_\_\_\_\_

Have you ever been on a Dance Team before?      Yes      No

*If yes, where?*

Have you ever competed in dance before?      Yes      No

*If yes, where and in what categories?*

Do you have any gymnastics experience?      Yes      No

*If yes, please describe:*

Do you have any choreography experience?      Yes      No

*If yes, please describe:*

Do you have any night classes?      Yes      No

*If yes, what night(s)?*

Do you have a job?      Yes      No

*If yes, where and what are your normal hours?*

Are you involved in any other campus activities?      Yes                  No

*If yes, please describe:*

Why would you like to be on the Saint Joseph's University Dance Team?

Why do you think you would be a good member of the Saint Joseph's University Dance Team?