

★ Utah Dance Academy ★ Competition Team Tryout Form

Complete this form and bring it to first day of auditions on
Monday, June 3 along with a headshot photo.

Name: _____

Age: _____ Birthday: _____

Email: _____

Phone: _____ Upcoming School Grade: _____

Circle the Team(s) Level You Are Auditioning For:

**All Dancers will be placed on a team suited to their ability*

Extreme

Premiere

Elite

★ ★ ★ ★ ★

Extreme Team ONLY

★ ★ ★ ★ ★

Circle if you would like to be part of an additional performance group:

*Hip Hop

*Acro

**Additional Tryouts May Be Required*

★ ★ ★ ★ ★

Premiere Team ONLY

★ ★ ★ ★ ★

Circle if you would like to be part of an additional performance group:

*Hip Hop

*Acro

*Cheer

**Additional Tryouts May Be Required*

For Office Use Only

TRYOUT NUMBER:

Notes:

