

the dance Loft

2019-20 *d&* HYPE Audition Form

Dancer Information

Dancer's Name: _____ Birth date: _____

Parent(s) Name: _____ Contact Number: (____) _____

Email Address: _____ Age: _____

- **Group 1 (ages 12-17)** **Saturday, June 1st** **11:00am-12:00pm**
- **Group 2 (ages 9-11)** **Saturday, June 1st** **11:30am-12:30pm**
- **Group 3 (ages 6-8)** **Saturday, June 1st** **12:00pm-1:00pm**

d& HYPE Requirements:

\$149/month
4 Hours Per Week
Monthly Performances Plus 1 Competition

By signing below, I allow my child to audition for *d&* HYPE, and if my child should be selected for HYPE, I am aware of the mandatory parent meeting on Saturday, June 1st at 6:30pm.

Parent Signature: _____ Date: _____

***** MANDATORY Parent Meeting at 6:30pm on Saturday, June 1st*****

Return this form to the front desk