

"SOUND OF MUSIC" AUDITION FORM: DANCE

NAME: _____ AGE: _____

EMAIL: _____ CELL #: _____

PREVIOUS THEATRE PRODUCTIONS:

CONFLICTS:

RATE YOUR DANCING > *HUMOR ME ... LOL:* (CHECK ONE)

___ 2 LEFT FEET ___ WALK & CHEW GUM ___ HOLD MY OWN ___ GOT THE MOVES ___ BROADWAY

*FOR TRAINED/SEASONED DANCERS: WHICH DISCIPLINES HAVE YOU STUDIED & YRS.? STUDIED WITH (NAME OF STUDIO)? _____

___ BALLET > ___ YRS. ___ TAP > ___ YRS. ___ LYRICAL > ___ YRS. MODERN > ___ YRS.

___ POINTE > ___ YRS. ___ JAZZ > ___ YRS. OTHER: _____ > ___ YRS.

ANY TUMBLING EXPERIENCE? (BRIEFLY EXPLAIN) _____

ANY ADDITIONAL TALENTS/COMMENTS: _____

(DO NOT FILL IN BELOW DOTTED LINE - FOR MELODIE ONLY)

CRITIQUE/SCORE SHEET

(RATING 1-4 > LOW TO HIGH)

STAGE PRESENCE:

TECHNIQUE:

AUDIENCE CONNECTION ___

PLACEMENT ___

EXPRESSION (FACIAL & BODY GESTURES) ___

FOOTWORK/EXTENSION ___

CONFIDENCE ___

CONTROL ___

INTERPRETATION OF MOVEMENT:

CHARACTER PORTRAYAL ___

TOTAL: _____

CHOREOGRAPHER NOTES:

