

South Carolina Dance Company 2018 REGISTRATION FORM



Application – To be filled out and turned in prior to Audition Day.

Please register online too at www.southcarolinadancecomany.com on the parent portal.

\$15 Non-Refundable (Students will not be allowed to audition until application and payment is received)

Please attach a current headshot and a copy of your birth certificate to this form Name: _____ Age January 1st 2019: _____ Birthdate: _____ Grade level 2018-2019: _____ Address: ________ *City:* ______ *State:* _____ *Zipcode:* _____ Parent's Name: ______ Home Phone: (___)_____ Cell Phone: (___)_____ E-mail Address: ______ Emergency Contact: ______Phone: _____Phone: Please indicate below the total number of years the student has participated in (years completed): Dance Years: _____ Competition Team Years: _____ Previous Studio: ______ Please indicate if you are interested in competing in multiple genres of dance below: Lyrical_____ Jazz ____ Hip Hop ____ Contemporary _____ Tap _____ Musical Theater ____ Ballet ____ Acro ____ Small Groups _____ how many ____ Production _____ Superline _____ Solo ____ Duet ____ Are you interested in Precompany: yes _____ no ____ no ____ Student Signature: _____ Date: _____ Date: _____ Parent Signature: _____ Date: _____ Date: _____

1339 F North Laka Nr. Layinaton SC 29079 www.couthearolinadanearomnany.com (2031996 1150