



Specialty – DANCE

Student Name: _____

Student Number: _____

In which area of dance do you specialize? _____

Ballet ___ Jazz ___ Lyrical ___ Musical Theatre ___ Modern ___ Tap ___

Other, please specify: _____

At what level do you dance? (To be confirmed in instructor’s recommendation)

Intermediate ___ Advanced ___ Semi-Professional ___

Name of Dance School _____

Name of Instructor (contact person) _____

Do you belong to a Senior Dance Company? Yes ___ No___

If yes, name the company _____

Did you tour last year with the company? If yes, explain

At which level(s) did you compete during the last year? (You may select more than one)

Local ___ Provincial ___ National ___ International ___

Indicate the highest level of competition: _____

Name the event/ location (please add as separate page if needed) _____

Placement (results) _____

Do you train in the summer? Where? _____

Which is your heaviest season for training?

Which is your heaviest season for competition?

Your heavy training / practice, performance period includes the months of:

_____ to _____

Your off-season period includes the months of:

_____ to _____

In the spaces below, please indicate the start and end times that you train/ practice on those particular days and total number of hours. ONLY include hours that are under the supervision of a coach / instructor in the section immediately below.

** Applications will not be reviewed without session start and end times.

	Number of Hours	Start Time	End Time
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

In the spaces below, please indicate the number of hours that you train/ practice on those particular days when you are not necessarily under the supervision of your dance studio instructor.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Please list any out-of-town training / competition / performance dates that you anticipate for the upcoming school year.

September: _____

October: _____

November: _____

December: _____

January: _____

February: _____

March: _____

April: _____

May: _____

June: _____