



## Performance Company Tryout Application

Tryouts will be held on **Saturday, June 29<sup>th</sup>** in the Triphahn Center Dance Studio.  
Ages 8-10 – 12:00-1:30p,    Ages 11-12 – 3:00-4:30p,    Ages 13-18 – 4:30-6:00p

To try out for the 2024/25 Stars Dance Performance Company, please fill out the application in its entirety. All applications must be returned to Jessica Karbowski in person or to [jkarbowski@heparks.org](mailto:jkarbowski@heparks.org) by Wednesday, June 26<sup>th</sup>.

Dancer's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Primary Email (***all contact is through email***) \_\_\_\_\_

Dancer's email (if they wish to be included in emails from teachers) \_\_\_\_\_

Birthday \_\_\_\_\_ Age on 1/1/2025 \_\_\_\_\_ School grade for 24/25 season \_\_\_\_\_

If your dancers is asked to join Stars Dance Performance Company would you like your contact information distributed to the other company parents? Please circle 'Yes' or 'No' below.

Email:                    Yes    No    Email (if different from above): \_\_\_\_\_

Phone Number:    Yes    No    Number (if different from above): \_\_\_\_\_

Parents Name:    Yes    No    Name(s): \_\_\_\_\_

### **Elite Tap:**

Will your dance be participating in the Elite Tap audition? Tap audition will be from 1:30-2:15p on Saturday, June 29<sup>th</sup> in the Triphahn center Dance Room.

Yes                    No

If yes, how many years has your dancer taken tap? \_\_\_\_\_

## Dance History:

Please list any previous dance experience/classes, including:  
Style of dance, Location, Dates of classes, teachers and years taken.

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## Parents:

I give permission for my child to participate in the 2024 Stars Dance Performance Company auditions. I understand that the outcome of the audition is made by qualified teachers and that the decision of the teachers is not open for discussion. I have read and understand the 24/25 Performance Company Parent Handbook and understand the attendance and financial commitments required for the program. I also understand that pending acceptance into Stars Dance Performance Company there will be additional costs, rehearsals, shows, commitments, and rules that I will support my child in abiding by.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_