



Artistic Director: Rachel Nace Maynard

oyodancecompany@gmail.com

Audition Registration Form

Number Assigned: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

Training Experience:

Ballet:

Modern:

Other: _____

Level of Expertise: (please circle one)

Intermediate

Advanced

Professional

Performance Experience:

Solo Performance: Title/Choreographer/Style

For Office Use: Resume Received by Email: _____ Resume Attached: _____ No Resume: _____

1. What do you consider a good work ethic?
2. Where do you see place in dance?
3. Why do you want to be a part of Oyo Dance Company?
4. What do you feel you will bring to the Company?
5. Are you willing to commit to a full training and rehearsal schedule that is required to be part of this Company?
6. What does "commitment" mean to you?