



Artistic Director: Rachel Nace Maynard

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Audition Registration Form

Number Assigned: _____

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone number: (C : H) _____

Training Experience:

Ballet:

Modern:

Other: _____

Level of Expertise: (please mark one)

Intermediate Advanced Professional

Performance Experience:

Solo Performance: (Title/Choreographer/Style)

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

This space is for any thoughts/Notes/ or simply more space for previous questions.