



Artistic Director: Rachel Nace Maynard

rachel@oyodancecompany.org

www.oyodancecompany.org

Audition Registration Form

Number Assigned: _____

Name: _____

Address: _____

City: _____

Zip Code: _____

State: _____

Phone number: _____

Training Experience

Ballet:

Modern:

Other:

Level of Expertise: (please mark one)

Intermediate

Advanced

Professional

Performance Experience

Solo Performance (Title/Choreographer/Style)



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Short Answer: (If more paper is needed to answer these questions, please ask.)

1. What do you consider a good work ethic?
2. What are your goals in your dance career?
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?