



artistic director Deborah Lundmark

Audition Registration Form 2021 *(EXTENDED APPLICATION PROCESS)*

Applicant Information

Last Name: _____ First Name: _____ Date of Birth: _____

Age: _____ Pronouns: she/her he/him they/them other: _____

Street Address (include unit # if applicable): _____

City/Town: _____ Prov/State: _____ Postal Code: _____ Country: _____

Parent/Guardian Name: _____

Home or Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Dancer Email (Optional): _____

If provided, CCDT follow-up will also be cc'd to this address

Current Dance School: _____

Current Academic School: _____ Current Grade: _____

Please indicate below which program(s) you will audition for: *(please check all that apply)*

- SunDance Summer Intensive 2021 – Full Program: In-Studio/Online Hybrid (Ages 8-19)
- SunDance Summer Intensive 2021 – Full Program: Online Only (Ages 8-19)
- SunDance Summer Intensive 2021 – 1-week Intro Program (Ages 8-10)
- CCDT Apprentice Programs, 2021-2022 Season (Ages 8-13)*

NOTE: Please see latest updates at ccdt.org/auditions or theschoolofccdt.ca/sundance for available spots in each SunDance program. Once a SunDance program reaches capacity for the In-Studio/Online Hybrid intensive, the Online Only and Hybrid Program Waitlists for these levels will be offered to successful applicants.

*Successful applicants for the Apprentice Programs receive automatic acceptance to SunDance 2021 and are required to attend the full Hybrid intensive as preparation for the 2021-22 Season. Auditions for the full Company (ages 14+) are currently closed.

Have you attended a previous SunDance Summer Intensive? No Yes (see below)

Most recent year attended: _____ Program Level: A - Adv. B - Inter. C - Ele. C-Intro (1wk) Can't Recall

Other previous years of SunDance attended: _____

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Description of Recent Dance Training

	Current Level	Instructor(s)	Current Hrs/Wk	Years of Study
Ballet				
Modern				
Jazz				
Tap				
Other				

Last Ballet Exam Passed (if applicable):

RAD: _____ Year of Exam: _____

Cecchetti: _____ Year of Exam: _____

Are there any special considerations we should know about? (e.g. injury, illness, etc.)

Why would you like to dance with CCDT?



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How did you hear about the audition?

Release & Consent (to be completed by a Parent/Guardian for dancers under the age of 18)

I hereby certify that my child, _____ is in good physical condition and is able to participate fully in this audition. All current medical conditions are outlined on this form. I understand the inherent risk involved in the physical activity of dancing, whether on site at 509 DANCE or at an offsite location in the event of video/virtual auditions, and I release CCDT and its teachers from liability in case of accident or injury. I understand that children should have adequate supervision as needed when dancing at home or outside of the studio.

Print Name: _____

Signature: _____ Date: _____

Payment Information

Audition Fee: \$30.00 CAD

Payable by E-Transfer only to dlundmark@ccdt.org and use the password: **Audition2021**

<small>Office Use Only</small> Date Payment Received:
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<small>Office Use Only</small> Date Video Received:
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