

# 2014 NUTCRACKER

## Participation Agreement



DANCE UMBRELLA  
SOUTH COAST OREGON

PO BOX 1171 COOS BAY, OR 97420 (541)269-7163

**AUDITIONS WILL BE HELD SUNDAY OCTOBER 5<sup>TH</sup>**

Pacific School of Dance – 303 D Street Coos Bay, OR 97420

**FORM MUST BE SIGNED & SUBMITTED BEFORE AUDITION**

Please return form with the audition fee of \$10 cash or check made payable to DUSCO

**By mail:** Dance Umbrella for South Coast Oregon  
PO Box 1171 Coos Bay, OR 97420

**Drop box:** DUSCO box @ Pacific School of Dance  
303 D Street Coos Bay, OR 97420

DANCER NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN NAMES \_\_\_\_\_

BOTH PARENTS' CELL 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

BOTH PARENTS' EMAIL *\*\*communication will be done through e-mail\*\**

1.) \_\_\_\_\_

2.) \_\_\_\_\_

Auditioning for: **Waltz** **Party Children** **Bon Bon** **Angel** **Baby Mouse**

I am enrolled in \_\_\_\_\_ @ \_\_\_\_\_  
(level of ballet or pre-ballet class) (name of dance school)

I have taken \_\_\_\_\_ years of ballet (not including this year) & \_\_\_\_\_ years of pre-ballet.

**\*By signing this agreement, you agree that you and your child understand and commit to all information provided in the Nutcracker Information Packet.**

\_\_\_\_ I meet all the eligibility requirements for the part(s) for which I am auditioning; age, training requirements and class enrollment.

\_\_\_\_ I agree to accept any role (including understudy) in which I am placed

\_\_\_\_ I understand that I must attend **all rehearsals** to dance in the performance(s)

Dancer's signature \_\_\_\_\_

Parent's or Legal Guardian's signature \_\_\_\_\_  
(required)