## LIU Brooklyn Dance Program Audition Registration Form



Please answer all relevant questions and return this form to the address listed at the bottom of this page.

## Please print clearly or type!

FIRST NAME:		LAST NAME:					
AGE:	STREET ADDRESS:						
CITY:	STATE: ZIP CODE:						
TELEPHONE:							
E-MAIL (PRINT CLEAR	RLY):						
HIGH SCHOOL:			HS AVERAGE:				
COLLEGE (TRANSFER	STUDENTS ONLY):		GPA:				
EXPECTED DATE OF G	GRADUATION:		DATE APPLIED TO LIU:				
EXISTING OR PREVIOUS INJURY/HEALTH CONDITIONS:							
HOW DID YOU HEAR ABOUT THE LIU BROOKLYN DANCE DEPARTMENT? Check all that apply.							
□ GOOGLE       □ FRIEND       □ TEACHER       □ GUIDANCE       □ LIU STUDENT/ALUMNI         □ EARL MOSLEY/EMIA       □ GOOGLE       □ NHSDF/RHSDF       □ DANCE MAGAZINE         □ OTHER (PLEASE SPECIFY):							
PARENT/GUARDIAN FIRST NAME:		PARENT/GUARDIAN LAST NAME:					
PARENT/GUARDIAN TELEPHONE:							

## LIST YOUR MOST CURRENT DANCE TRAINING.

SCHOOL or TEACHER'S NAME	TECHNIQUE	LEVEL	DATES	#OF CLASSES PER WEEK
Have you had at least three years o	 f ballet training thre	ee davs a week or	more?	
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Please C	ircle Preferred	d On-Campus	Audition De	ate:

(If there is inclement weather causing an audition cancellation, the rain date for the audition is the following Saturday.)

Saturday, December 12, 2015 Saturday, February 20, 2015 Saturday, May 14, 2015

☐ Check the box if you are unable to audition in person and prefer to audition via video.

Attach a personal essay (typed, 1 page maximum) describing your background in dance and what you want to do in the dance field when you finish school.

We will confirm your audition slot via email.

LIU BROOKLYN - DANCE PROGRAM

1 UNIVERSITY PLAZA, H423, BROOKLYN, NY 11201

Via email to **Christina.Sutton@liu.edu**Via fax to the Performing Arts Department: 718-488-1372