Children's Dance Talent Audition Form

| Child's Name | |
|---------------------------------|---|
| | |
| Child's Age | |
| | |
| Parent/Guardian Name | |
| | |
| Contact Number | |
| | |
| Email Address | |
| | |
| Dance Style | |
| | • |
| Previous Dance Experience | |
| | |
| | |
| Performance Video Link (if any) | |
| | |
| Allergies or Medical Conditions | |
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