

2019-20 JUNIOR COMPANY AUDITION FORM

Dancer Name: _____ Gender: _____

Age: _____ Date of Birth: _____ School Grade: _____ GRBS Level: _____

_____ I understand that if accepted and cast, I will be required to attend all scheduled rehearsals and performances for my role(s). *Rehearsals will begin the week of September 2nd.*

For GRBS Staff to Complete

Jr. Company: _____