



Diaz de Baile

DDB CHAMBELANES & DAMAS AUDITION
REGISTRATION FORM

Table with 2 columns: Location, City. Rows include SFV - JAN / FEB, BAKERSFIELD, ORANGE CTY, LOS ANGELES, RIVERSIDE, FRESNO, ONTARIO, SAN DIEGO.

APPLICANT INFO:

AUDITION DATE: \_\_\_/\_\_\_/\_\_\_

Dancer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, CA Zip/Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*E-mail: \_\_\_\_\_

I do not wish to receive emails from DDB.

Gender: Male / Female Birth Date: \_\_\_/\_\_\_/\_\_\_ Height: \_\_\_\_\_ lbs. Weight: \_\_\_\_\_ lbs.

DANCE EXPERIENCE: Please select your experience level in the following genres of dance:

Table with columns: DANCE GENRE, NEVER, BEGINNER, INTERMEDIATE, ADVANCED, EXPERT, INDICATE # OF YEARS OF TRAINING IN EACH DISCIPLINE. Rows include BALLROOM WALTZ, BALLET, HIP HOP, SWING, SALSA, MERENGUE, BACHATA, FOLKLORICO, Other.

Please list any previous performance experience, AND/OR submit copy of your CV or Resume with Registration:

Dance Studio / Company / Production

Dates

- 1) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
2) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
3) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

EMERGENCY CONTACT:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Applicant Acknowledgement of Risk and Liability Waiver

\*If Applicant is Under 18, Parent must sign the following statement:

I or my children voluntarily participate in this event with knowledge that there is risk of personal injury, property loss or death. I or my child agree that neither I, my heirs, assigns of legal representatives will sure or make any other claims of any kind what so ever against Diaz De Baile, it's owners, instructors, or its members for any personal injury, property damage/loss, or wrongful death, weather caused by negligence or otherwise.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature (Minor): \_\_\_\_\_ Date: \_\_\_\_\_

DDB ONLY
Audition Number:

Applicant Name: \_\_\_\_\_

**SOLO AUDITION PIECE INFO:**

Dancer will be performing:

BALLROOM WALTZ	HIP HOP	SALSA	CUMBIA	OTHER: LATIN
BALLET	JAZZ	MERENGUE	BANDA	OTHER: BALLROOM
TAP	SWING	BACHATA	FOLKLORICO	OTHER:

To (Song Name): \_\_\_\_\_ by Artist: \_\_\_\_\_

Is the piece being performed an original choreography?  Yes /  No

If **Yes**, would you like your piece to be considered as an

audition for a choreographer position with Diaz De Baile?  Yes /  No

If **No**, specify choreographer, if known: \_\_\_\_\_

[END REGISTRATION FORM]

----- [DO NOT WRITE BELOW THIS LINE] -----