

Fall sport/activity? Yes No If yes, return date: _____
Circle one: Senior Junior Sophomore Freshman

NORTHFIELD DANCE ENSEMBLE

This form and the signed contact are due by Monday, September 20th!

First Name _____ Last Name _____

Adviser _____ ID#: _____ School Locker # _____

Student's Cell Phone # _____

Parent/Guardian Cell Phone Number # _____

E-mail address (write clearly) _____

Listed below are our time slots for rehearsals. Each dance meets two times a week, and you must be available for **BOTH** time slots. Next to *each* of the groups, circle **YES**, you can make it to both times or **NO**, one or both of those times do not fit into your schedule. Each of the lines must have a "yes" or "no" circled next to it. It is essential that we are aware of your conflicts right away because we will be casting dances immediately.

1. Monday 4:00-4:45 **AND** Tuesday 4:45-5:30 (Group A): **YES** **NO**
2. Monday 4:45-5:30 **AND** Thursday 4:00-4:45 (Group B): **YES** **NO**
3. Tuesday 4:00-4:45 **AND** Thursday 4:45-5:30 (Group C): **YES** **NO**

Would you like to perform in one or two dances? (Remember, you need to be available for at least *four* time slots in order to perform in two dances.)

Circle: ONE DANCE or TWO DANCES

What are your favorite dance styles? What kinds of dances would you like to be involved in for the Showcase (modern, hip-hop, lyrical, ballet, etc.)? _____

INTERESTED CHOREOGRAPHERS:
PLEASE *TURN THE PAGE OVER* FOR YOUR APPLICATION AND CONTRACT

NDE CHOREOGRAPHER APPLICATION/CONTRACT

Complete this form and bring it to your audition. Sign up at the Information Meeting for your audition day and time. Be prepared to perform *at least one minute* of movement that you have choreographed yourself. Bring your music. We cannot stress enough how important it is to be prepared, to be able to talk about your dance, and to show at least a full minute of choreography. **If your dance is selected, we will need detailed information about your song at your first rehearsal in case you are ever absent.**

NAMES(S) _____

What is the idea behind your dance? What is it about/the intent?

Describe the style of your dance: _____

Approximate length of your dance: _____

Number of dancers you would like to work with (*Please* be flexible): _____

Odd Number of Dancers or Even number of dancers: _____

Title and Artist of your music (One song per dance is preferred): _____

CIRCLE ALL THE REHEARSAL TIMES YOU CAN ATTEND:

1. Monday 4:00-4:45 **AND** Tuesday 4:45-5:30 (Group A): **YES** **NO**
2. Monday 4:45-5:30 **AND** Thursday 4:00-4:45 (Group B): **YES** **NO**
3. Tuesday 4:00-4:45 **AND** Thursday 4:45-5:30 (Group C): **YES** **NO**

If your dance is chosen, would you also like to perform in a second dance? **YES** **NO**

Will you perform in your own dance? **YES** **NO**

Sign up for an audition time on 9/13 or 9/14 (Northfield Dance Studio). All music must be approved by the Artistic Directors. Prepare at least one minute of choreography for the audition. Good luck!

Parent/Student signatures (staple all choreographers' contracts to this page):

I understand the commitment involved with choreographing for NDE.

Student: _____

Parent: _____