

The Nutcracker

2024

Experience
the Magic!



2024 Nutcracker Audition Form

Audition fee of \$35 individual due at time of audition. Cash, Visa/Master Card, or check accepted. Please make checks payable to Midwest Performing Arts.

Dancer Name _____

Are you available for costume fittings on Saturday, September 21st? **Circle, Yes/No.** Are you available to rehearse on Saturdays beginning September 28th? **Circle, Yes/No.** Please list any potential conflicts and dates (Only 1-2 excused absences is allowed and only dates listed here will be considered for excused absences):

There will be mandatory tech/dress rehearsal December 4th - December 6th and performances on December 7th and 8th. Upon acceptance you must agree to be present for all these rehearsals and both performances. Are you able to commit to this? **Circle, Yes/No.**

Please fill out below completely.

Student's Academic School 2024/2025 _____ Grade 2024/2025 _____

Special Needs/Allergies _____

Previous Dance Experience: (please indicate how many years you have participated in each genre.)

Ballet: _____, Pointe: _____, Jazz: _____, Modern: _____, Tap: _____, Hip Hop _____

Current Class Enrollment 2024/25 School Year: (please indicate how many days per week you participate in each genre.)

Ballet: _____, Pointe: _____, Jazz: _____, Modern: _____, Tap: _____, Hip Hop _____ PBT _____

Current Dance Schools: _____

(If you are not enrolled at MPA, a registration confirmation of your classes is required to be included with your audition form. This registration confirmation form can be found on our website or the front desk)

Contact Information: (Please print clearly, email address listed below will be used for all Nutcracker correspondence.)

Parent Names _____

Street Address _____ City/State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact _____ Phone _____ Relationship _____

Waiver/Release

I hereby release Midwest Performing Arts, MPA and its agents and employees from all liability for personal injury, illness or property damage occurring on or off the premise leased by MPA, whether or not caused by negligence of MPA, its agents or employees. I certify that students listed above are in good health and capable of participation in all activities and classes. In and emergency, I authorize MPA to take such temporary measures, as MPA deems appropriate. I hereby give permission to MPA to take photographs and/or videos of students listed above that will become permanent property of MPA. I consent to the use of such materials for promotional purposes by MPA. I agree to pay my account in full when due. I also agree to pay any and all fees associated with the collection of any outstanding g balances on my account.

Signature of Parent/Guardian _____ Date _____

For office use only: Height: _____ Bust: _____ Waist: _____ Hip: _____ Girth: _____ Inseam: _____

Back to waist: _____ Back to floor: _____ Head circumference: _____ Arm length: _____

Upper arm width: _____ Leotard size: _____

Accept: YES/NO Role(s): _____