



Real Maryland Monarch Dance Team 2009 Audition Application

First Name: _____ MI: _____ Last Name: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Will your address change over the summer? (Circle) Yes No

Phone # (day): _____ Phone # (cell/work): _____

E-mail Address: _____ Date of Birth: _____ Age: _____

Present Occupation: _____ Employer: _____

Address: _____ City: _____ State: _____ Phone #: _____

How many hours do you work a week? _____

Currently Enrolled Student (Circle) Part-Time Full-Time N/A

Where? _____ Year or Grade: _____

If you are selected to be on the team, when would be the most convenient time(s) for you to practice (if practices are held 2-3 times a week)?

(Circle) Sun M T W Th F Sat Any day (Circle) AM or PM

Have you ever been on a dance team/cheer squad? (Circle) Yes No

Dance Experience/Training (Please list where, style of training, # of years): _____

Performance experience (dance, cheer, sing, etc.): _____

List sports/activities in which you are/were involved: _____

List any awards (academic, volunteer, dance, etc) received: _____

Will you need to leave the season early due to work or school? (Season runs from April-beg/mid August) (Circle) Yes No If yes, what date? _____

RELEASE & WAIVER OF LIABILITY & INDEMNITY AGREEMENT
(Please read carefully!)

Real Maryland FC will rely heavily on the information supplied in this application when Real Maryland FC considers _____ (insert participant's name) for the 2009 Monarch Dance Team. It is significant that this information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize Real Maryland FC to verify any of the information supplied by you.

I, _____ (participants name), accept full responsibility for any injury, or physical damage, which may arise from participation in the Real Maryland Monarch Dance Team Auditions. I release Real Maryland FC, the audition facility and all sponsors from any and all liability, including injury to myself and/or loss of property. I release any photos/videos taken of me during the audition process and season to be used for media or advertising purposes from this day forward.

Print Name: _____

Applicant's Signature: _____ Date: _____

In case of Medical Emergency: Contact: _____ Relation: _____

Phone # (home): _____ Phone # (cell): _____

***REMINDER**

Please bring along with completed application, \$25 audition fee, and headshot or photo. Also, you may want to bring a snack or drink as the audition could take several hours, so please plan on staying for the full duration of the tryout. There will be a short break once the combinations are taught and across the floor is complete. We will move the process along as quickly as possible to respect your time. Thank you!

GO MONARCHS!
