



NORTH CAROLINA STATE UNIVERSITY
DANCE TEAM 2010-2011

Audition Application

Please fill out this application and bring it with you to the Audition or submit with your Video/DVD

www.gopack.com

www.ncstatedanceteam.org

Candidates are selected by the NCSU Dance Team coaching staff. If there are any concerns or questions at the conclusion of a uditions, please send an email to ncstatedanceteam@gmail.com . Questions or concerns will NOT be addressed at the time of auditions.

Full Name: _____

Student Identification Number: _____

Personal Email Address: _____

Permanent Address (Parents', etc.): _____

City, State, and Zip Code: _____

Cell Phone: () _____

Home Phone: () _____

Year in school (circle one): Freshman Sophomore Junior Senior Fifth Year Grad School

Major: _____ Birthday: _____

Number of years dancing? _____

Please provide a summary of your dance background:

Do you have any cheerleading experience? Yes No

Will you have conflicts with the time commitment and expectations during the school year (sororities, work commitments, clubs, or sports)?
Yes No If yes, please explain: _____

Do you have any health problems/ limitations or have you been under the care of a physician within the last year?

Yes No If yes, please explain: _____

I understand that:

My candidacy for a position on the NCSU Dance team, and participation if selected, is contingent upon being a continuously and regularly enrolled student (minimum of 12 units), in good academic standing, with an overall grade point average of at least 2.0 from the time of auditions through the Spring. Eligibility checks will be conducted on all candidates.

I am responsible for information provided during the candidate informational meetings, instructional clinics and information provided on the website.

I understand, accept, and am willing to comply with the selection procedures as outlined by the head coach.

Signature _____ Date _____