

**Madison Contemporary Vision Dance Company
Audition Application**

Name:	Phone:
Address:	E-mail:
Employer or School:	

- 1) What other hobbies or interests do you have?

- 2) What do you believe you can offer MCVD?

- 3) What are your future goals?

- 4) What do you hope to gain from dancing on the MCVD Company?

- 5) Is there anything that we should know about you as a dancer?

- 6) Are you available to practice on Sunday afternoons? Wednesday evenings?

- 7) Would you want to practice once or twice a week?

- 8) Are you interested in teaching at our workshops and or summer intensive?

- 9) Are you interested in doing choreography for MCVD?

- 10) Would you like to be considered for the assistant to the artistic director position?

- 11) Other ideas for MCVD

14) Dates of events

Available Yes or No

Summer intensive July 9-12 & 16-19 with a show at the Overture on July 21st

National Dance Week Performance - Down Town Madison May 5th

Arts Show in Sauk Prairie - May 26th

Art Fair on the Square - State Capital steps July 14th -15th

Triangle Ethnic Fest August 19th

Concert dress rehearsal Thursday Sept 20th

Fall Concert "Once Upon A Time" - Overture Center Sept 21st-22nd

Holiday Fair - Overture Center Nov 16th-18th

Medical Consent and Release form

If, in the judgment of any directors of the Madison Contemporary Vision Dance Company that the participant below should need immediate care and treatment as a results of any injury or sickness, I do hereby request, authorize, and consent to such treatment as may be given to such said participant by any physician.

I authorize the use of photographs and or video with my image for any form of advertising.

Name _____

Birth Date: ____/____/____

Allergies or allergic reaction to medication _____

Previous Medical Condition _____

Name of friend or relative to contact in case of emergency _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____

Relationship to Dancer _____

Insurance Company _____

Insurance Company Policy # _____ Group # _____

Insurance through employer? Yes No

If yes, employer's name _____

I hereby assume all risks and hazards incidental to such participation. I hereby waive, release, absolve, indemnify and agree to hold harmless the Madison Contemporary Vision Dance Company, Harbor Athletic Club, the owners, the instructors, the organizers, sponsors, supervisors, and participants for any claim arising out of injury to the participant.

Signature _____ Date _____