

UNIVERSITY OF HAWAI'I RAINBOW DANCERS

Audition Registration Form

Name: _____ Nickname: _____

Address: _____

_____, _____ (City) (State) (Zip Code)

Summer address (if different from above):

_____, _____ (City) (State) (Zip Code)

Email Address: _____ Cell Phone Number: _____

Have you been accepted to U.H. Manoa? YES NO

Have you applied to other colleges? YES NO

Academic Major: _____

Class Status – Fall 2018 (circle): FR SO JR SR GRAD OTHER

Birthdate/Place: _____

Height: _____ Weight: _____ Clothing Size: _____

INSTRUCTION (circle YES or NO) NUMBER OF YEARS

JAZZ YES NO _____

MODERN YES NO _____

BALLET YES NO _____

TAP YES NO _____

HULA YES NO _____

STREET YES NO _____

Other: _____

DANCE STUDIO/SCHOOL AND INSTRUCTORS YOU STUDIED WITH:

DANCE EXPERIENCE:

WHAT OTHER COMPANIES OR THEATRE ACTIVITIES DO YOU PRESENTLY PARTICIPATE IN? HOW MANY HOURS A WEEK?

DO YOU HAVE A JOB? HOW MANY HOURS A WEEK DO YOU WORK?
