

# Little Champ'z

## AUDITON FORM

### *Personal Details:*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact No: \_\_\_\_\_

Age: \_\_\_\_\_

Male

Female

### *Dance performance:*

What style of dance will you perform:

Bollywood  Classic

R&B / Hip Hop  Bhangra

Other please specify: \_\_\_\_\_

Title of music: \_\_\_\_\_

Length in minutes: \_\_\_\_\_

Do you require any special needs: \_\_\_\_\_

Please state why you ant to take part? \_\_\_\_\_

What will you gain? \_\_\_\_\_

\_\_\_\_\_

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