LUX
DANCE COLLECTIVE

2026-2027 Audition Registration Form

Audition Number:

Online Payment: Y / N (*Office use only):

Student Name: _____

Date of Birth: _____ Age: _____

Grade attending this fall: _____ School/County: _____

Parent's Names: _____

Home or Cell Phone: _____

Email: _____

1. I have read The Collective outline/requirements and understand the expenses and commitment level involved.

Yes No

2. I understand that if my dancer is invited to join The Collective I could be assigned to equal or lesser number of groups I am willing to commit to.

Yes No

Circle max # of groups you are willing to financially commit to for the season below:

# of Groups 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

3. Please list the dance styles your dancer has previously trained in:

_____

Parent Signature: _____ Date: _____