

# Youth Troupe Audition



## REGISTRATION FORM

<b>Student Name:</b>	<input type="text"/>
<b>Parent Name:</b>	<input type="text"/>
<b>Parent Mobile:</b>	<input type="text"/>
<b>Parent Email:</b>	<input type="text"/>

Please circle two specialties from the list below that your child will be auditioning  
(must be from two different columns)

AERIALS	TUMBLING	MANIPULATION	ACROBALANCE
Trapeze	Floor Tumbling	Juggling	Base
Tissu (silks)		Hula Hoops	Flyer
Aerial Hoop			
<i>Other:</i>		<i>Other:</i>	

Can your child attend the audition on November 24<sup>th</sup> at 2pm? YES / NO

Is your child able to commit to the training requirements of the youth troupes in 2019? YES / NO