

Audition Registration Form
 www.StaticNoyze.com
 info@StaticNoyze.com



First Name	_____	Last Name	_____
Birth Date (mm/dd/yyyy)	____/____/____		
Email Address	_____	Phone	_____
School/Occupation	_____		
Permanent Address	_____	Current Address (if different)	_____
	_____		_____
	_____		_____

DANCE BACKGROUND		
Dance Training and experience (list any classes, workshops, schools, companies or other training)	Timeframe	Description

AVAILABILITY						
Please list the times when you are available on a weekly basis						
MON	TUES	WED	THURS	FRI	SAT	SUN
			Company Class 7:30-9pm			Company Practice 6-9pm

WHAT DO YOU HOPE TO ACCOMPLISH AS A STATIC NOYZE MEMBER? Circle all that apply						
Have Fun	Network	Dance/Perform	Choreograph	Teach	Travel	Leadership role
Additional Comments:						

LIABILITY/VIDEO WAIVER
I, _____ (participant name) give the right and permission to be filmed, photographed, or video taped for any Static Noyze reproductions. I understand that by taking part in the auditions there is a possibility of injury and hereby grant permission to administer treatment as needed by appropriate personnel. I understand and agree that by signing this waiver I am releasing and discharging Static Noyze from claims, demands or causes of action that hereinafter may accrue against them.

Signature

Date