



## Ausdance ACT Escalate Application Form

Name	
Address	
DOB	
Are you applying as a:	dancer? <input type="checkbox"/> or choreographer? <input type="checkbox"/>
Emergency Contact (name, relationship to applicant, phone number)	
Name of dance teacher/ school. Dance Teacher's name and phone number	
Do you have your teacher's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe why you feel Escalate is the program for you and what you would like to achieve by joining?   	
Length of training	
Styles trained in	
Styles you would like to focus on (if there is one)	
Do you have any injuries? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please list	
Can you be available two Saturday afternoons in each of the following months (June, July & August)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you available for the June Intensive (10-12 June 2017)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you available for September performances (1-3 September)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are applying as a choreographer:	
Have you choreographed before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can your dancers be available for the June Intensive?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applications close Thursday 27th April COB, please return your application to [projects.act@ausdance.org.au](mailto:projects.act@ausdance.org.au)

