



## AYDC COMMITMENT LEVEL SELECTION FORM

*Please bring this document with you on the day you will be auditioning for company.*

|  |  |
|--|--|
| First Name:  |  |
| Last Name:   |  |
| Birthdate:   |  |
| Current Age:   |  |
| Address:   |  |
| Phone Number:  |  |
| Email Address:   |  |
| For the 2018-2019 Season I will be committing to the (circle one): |  |
| INTERMEDIATE                      COMPETITIVE                      |  |
| Level of the AYDC  |  |
| Print Name:  |  |
| Signature:   |  |
| Date:  |  |

\*Parent May Complete this form on behalf of the child.