

Surfacing

Masterworks Dance Studio

Application Package 2018/19

A dance and theology program for the advanced dancer ready to be launched into God's calling.



2018/19 Audition Application Form

Surfacing Post-Secondary Program

333 King Street | Winnipeg, MB | R3B 0N1

dance.masterworks@gmail.com

STUDENT INFORMATION:

First Name: _____ Last Name: _____

Male: ____ Female: ____ Birth Date (Month/Day/Year): _____ Age as of Jan 1, 2018: _____

Current Academic Grade: _____ Highest Education Level Achieved: _____

Home Address: _____
Apt # _____ Street Name & Number _____ City _____ Prov _____ Postal Code _____

Home Phone: _____ Cell Phone: _____

Student Email: _____

All information included in this application, including all photos, videos, and written portions are true and accurate.

Student Signature: _____ Date: _____

PARENT/GUARDIAN INFORMATION: *(Required if student is under the age of 18 or if Parent/Guardian will be primary billing contact)*

First Name: _____ Last Name: _____

Relationship to Student: _____ Primary Phone: _____

Parent/Guardian Email: _____

All information included in this application, including all photos, videos, and written portions are true and accurate.

Parent/Guardian Signature: _____ Date: _____



Student First Name: _____

Student Last Name: _____

2018/19 Audition Application

The Student is Auditioning For:

Surfacing Post-Secondary Program—Phase 1 _____

The Student is:

Auditioning in Person _____

*Auditioning by DVD _____

*If auditioning by DVD, email jsiwik.masterworks@gmail.com for further instructions

HISTORY:

Current Dance Studio: _____ Previous Dance Studio: _____

Current Ballet Instructor: _____ Years of Ballet Training: _____

Current Modern Instructor: _____ Years of Modern Training: _____

Other Dance Forms Studied (please indicate years of study for each): _____

Ballet Exams Completed (indicate method): _____

Other Dance Exams Completed (indicate style and method): _____

Surfacing

Student First Name: _____

Student Last Name: _____

2018/19 Audition Application

Have you ever sustained an injury? Yes or No

If "yes", please list the details of each injury below:

- Injury type and body location
- Date of injury
- Duration of injury/limitation
- Was this injury diagnosed by a healthcare professional?
- Has this injury hindered your ability to perform fully?

Have you had any previous music study? Describe the training, indicating if you have studied vocally or instrumentally and if you can read music:

Describe briefly any study in arts other than performing arts:

ESSAY: (300-500 words, Arial font size 12, single spaced)

Write a short essay that includes:

- Your dance journey
- Why you believe this program would be beneficial to you
- How you think you would be an asset to the program
- Give a brief description of your walk with the Lord, from accepting Christ through to the present
- Your passions and aspirations

PHOTO: Submit a photo of the applicant positioned in tendu à la seconde, facing front, with arms in second position.

Photo should be clear and at least 4" x 6".



Student First Name: _____

Student Last Name: _____

2018/19 Audition Application

AUDITION FEES:

_____ \$25 CDN Audition in Person

_____ \$25 CDN Audition by DVD

Please select one of the above. All applicable fees must accompany this form. All fees are non-refundable.

PAYMENT:

Please select your payment method:

_____ Certified cheque in Canadian Funds payable to Masterworks Dance Studio

_____ Cash in Canadian Funds (in person only)

_____ Credit Card (MasterCard or VISA)

If you are not submitting this application in person, please call our office at 204-946-5617 to provide your credit card information:

Credit Card type: MasterCard VISA

CARD # _____ Expiry Date: _____

Cardholder Name: _____

Cardholder Signature: _____



Student First Name: _____

Student Last Name: _____

2018/19 Audition Application

PHOTOGRAPHY/VIDEO CONSENT:

I, _____ give permission to Masterworks Dance Studio to photograph and/or video
Student, or parent/guardian if student is under 18

the student, _____.
Student first and last name

I Acknowledge that any class or individual photographs taken by staff of Masterworks Studio become the property of Masterworks Dance Studio and may be used for promotional purposes such as advertising and promotion.

Printed Name of Student (or Legal Guardian if student is under 18 years of age)

Signature of Student (or Legal Guardian if student is under 18 years of age)

Date: _____

APPLICATION CHECK LIST:

_____ Completed application form (5 pages)

_____ Essay Attached

_____ Photo of dancer positioned in tendu à la seconde, facing front, with arms in second position

_____ Audition Fees

_____ DVD Video (if applicable)

_____ Email to jsiwik.masterworks@gmail.com or mail to: Masterworks Dance Studio

Attn: Jen Siwik—Surfacing

333 King Street

Winnipeg, MB R3B 0N1

Canada