



**APPLICATION FORM & REGISTRATION FOR FLOWS AUDITION
FOR THE EDUCATION IN PARIS FRANCE**

REMEMBER TO ATTACH YOUR PICTURE

PARIS: _____ **OR GUADELOUPE:** _____

Audition Flow Dance Academy in Paris Season 2024/2025

Sunday 17 November	2024	14h-17h	_____
Sunday 08 December	2024	14h-17h	_____

If you come far abroad from France you can video Audition:

Send us 4 different videos and the application form

To flow@flowdanceacademy.com (with www.wetransfer.com)

(1 of hip hop - 1 of housedance - 1 from a style you choose) max 1 min each video

And 1 motivation video why, when ect: max 3 min

_____ **FLOW DANCE ACADEMYS 6 MONTH INTENSIVE DANSCÉ COURSE IN
PARIS (05 JANUARY 2025 – 30 JUNE 2026)**



FULL NAME: _____

DATE OF BIRTH: _____ AGE: _____

FEMALE: _____ MALE: _____ GENDER VARIANCE: _____

ADDRESS: _____

AREA CODE.: _____ CITY.: _____

COUNTRY _____

PHONE: _____

MOBIL : _____

E-MAIL: _____

FACEBOOK: _____

***OBLIGATED to could add you to the flow group**

INSTAGRAM: _____

***OBLIGATED to could follow you**



EXPERIENCE IN DANCE AND MOVEMENT:

YOUR EXPECTATIONS FOR THE DANCE EDUCATION:

INJURIES RELATED TO PHYSICAL TRAINING: (* REQUIRED: must be completed)

WHAT CAN YOU CONTRIBUTE TO THE SCHOOL:

WHY YOU APPLY INTO FLOW DANCE ACADEMY'S 1 YEAR EDUCATION:



DANCEPRACTISE: **(WHAT STYLES YOU HAVE BEEN DOING BEFORE)**

HIP HOP/ NEW STYLE/ COMERCIAL:

Teachers Name: When: classes pr. week: What dance style:

HOUSEDANCE:

Teachers Name: When: classes pr. week:

BREAKING/B BOYING/B GIRLING:

Teachers Name: When: classes pr. week:

POPPING/ BOOGALOO/ ELECTRIC BOOGIE/ SLOW MOTION/ TUTTING:

Teachers Name: When: classes pr. week: What dance style:

LOCKING/ WAACKING/ VOUGING/ FUNKSTYLE:

Teachers Name: When: classes pr. week: What dance style:



DANCEHALL/AFRO:

Teachers Name:

When:

classes pr. week:

What dance style:

AFRO/ AFROHOUSE:

Teachers Name:

When:

classes pr. week:

What dance sty

ELECTRO/KRUMP:

Teachers Name:

When:

classes pr. week:

What dance style:

JAZZ/ MODERN / CONTEMPORARY/ BALLET:

Teachers Name:

When:

classes pr. week:

What dance style:

OTHER DANSESTILE:

Teachers Name:

When:

classes pr. week:

What dance style:



DATE: _____

SIGNATURE: _____

NAME AND ADDRESS OF PARENTS IF APPLICANT IS UNDER 18 YEARS

DATE: _____

SIGNATURE: _____

APPLICANT SIGNATURE