

Dancer Application

Dancer Name:		Birthdate:Age:	
Mother Name:	Fathe	r Name:	
Home Phone:	Dancer's Cell Phone:		Text: Y N
Mom Cell:	Text: Y N	Dad Cell:	Text: Y N
Contact Email:			
	Technical Ba	ackground	
Please indicate in what are	as you have had tech	nical instruction & nu	mber of years or months
	Ballet # of years	months studied	
	Jazz # of years/n	nonths studied	
	Hip Hop # of ye	ars/months studied _	
How many o	Team Com	nmitment	
	rested in a solo (circl		_
Ž		o a duo or trio (circle	one) YES NO
Parent Signature:			
Dancer Signature:			

Parental Support

Dear Parents:

As with anything that our children are involved in, define/ dance space's
Competition Team is only as good as the support structure around us. Please check below areas in which your family can help facilitate our best season.
Team Parent: Leadership role that helps to coordinate snacks,food, carpools, etc.
Non-profit Work: Leadership role that is responsible to coordinate fundraising efforts that may include a car wash, Chick-Fil-A Night, See's Candy, Clothing Recycling, Applebee's, etc.
Team Party Committee: Member will help coordinate team parties and other special events.
Year-End Banquet Committee: Member will help coordinate year end event including venue, food, etc.
Props (Construction)
Props (competition delivery, set-up)
Dancer Questionnaire
What other activities, sports, or jobs are you currently involved with, or are planning to be involved with during the competition dance season?
What are three (3) words that describe you? 1
2
3.