

Student's

Name: _____

Age: _____ Grade in the fall: _____

1. What styles of dance are you interested in? (Check all that apply)
____ Jazz ____ Musical Theater ____ Lyrical/Contemporary (Please place a star next to the style you are MOST interested in)

2. Would you be interested in participating in the Production dance? (This longer dance rehearses on some Sunday mornings/early afternoons Sept-Dec)
____ Yes ____ No

3. How many dances would you like to join other than your Team dance that you will learn during the week? These routines are rehearsed on Saturdays between 12 and 5:00. (1-4) _____

4. Would you be interested in attending dance conventions in the fall?
____ Yes ____ No

5. Is your parent interested in being a "Team Mom"? This would include communicating with other parents and organizing fundraising.
____ Yes ____ No

Soon after auditions you will receive an email to tell you which team you have been placed on. Group dances will be sent out at the end of June.

Thank you for coming today!

Parent Signature