

# West Sylvan Dance Team Application

\*Please read through all forms

Name: \_\_\_\_\_

Grade in the Fall: \_\_\_\_\_ 6th \_\_\_\_\_ 7th \_\_\_\_\_ 8th Birth Date: \_\_\_\_\_

Dancer's cell: \_\_\_\_\_

Dancer's Email Address (print clearly): \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Name: \_\_\_\_\_

Contact Parent Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

GPA on your April 20\_\_\_\_ report card: \_\_\_\_\_

Did you have any F's on this report card? \_\_\_\_\_

What school do you currently attend? \_\_\_\_\_

If you do not attend East or West Sylvan, will you be enrolled in East/West Sylvan this fall? \_\_\_\_\_

If no, what school will you attend? \_\_\_\_\_

ABOUT YOU~

Dance, gymnastics, or theater training/experience:

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Extra-curricular activities/commitments:

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What else would you like us to know about you:

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Why do you want to be on the West Sylvan Dance Team:

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\*\*We have read the team rules and expectations and fully understand the time commitment, financial commitment, East/West Sylvan School policies, and expectations of basic conduct for the West Sylvan Dance Team.

\*\*We also understand once the team is posted, the decision is final and there will be no exceptions and no additions. We will respect the decision.

Please sign below:

Dancer: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

This form needs to come to the FIRST day of tryouts with a \$10 application fee.

Please RSVP to tryouts at least one day before - westsylvandanceteam@gmail.com.

\*Please include your name and grade! Thank you!