

Monroe High School Dance Team Application

Name: _____ Grade for Next Year: _____

Birthday: _____ Parent/Guardian Names: _____

Address: _____

Home Phone: _____ Parent's Email: _____

Your Email: _____ Your Cell Phone: _____

Please list any dance experience you have had and how many years.

TYPE	YEARS	TYPE	YEARS
Ballet		Gymnastics	
Jazz		Dance Team	
Contemporary/Lyrical		Cheer	
Tap		Other	
Hip Hop		Other	

Why do you want to be on the MHS Dance Team?

Do you plan to hold a job during the school year? If so, how many hours per week? How do you plan to balance the obligations of your job with the obligations of the dance team and your academic course load?

List any other organization/sports that you currently belong to or plan to belong to during the year. How do you plan to balance the obligations of your other commitments with the obligations of the dance team and your academic course load?

List any special talents or honors:

Please include the name, phone number and email address of two people who can provide a reference for your character:

Reference Name: _____ Reference phone number: _____ Reference email: _____

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