

Audition # \_\_\_\_\_

**Spartan Scarlets**  
**2021-2022 REGISTRATION FORM**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Grade 2021-2022: FR SO JU SR GPA \_\_\_\_\_

Age \_\_\_\_\_

Address/Dorm \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Birthday (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Please list any allergies:

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Please list all medications:

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Please list any current or previous injuries:

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**DANCE EXPERIENCE**

Please list all dance experience:

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Please explain why you want to be a part of this team:

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What is one goal you would like to set for yourself as a dancer this year?

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Please attach a headshot and fall class schedule to this form/email. Please note that these items will not be returned. Payments will need to be made via Venmo to @spartanscarlets at the time of audition submission.

