

Audition # _____

Spartan Scarlets
2019-2020 REGISTRATION FORM

Student Name _____ Student ID# _____

Grade 2019-2020: 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:

Please list all medications:

Please list any current or previous injuries:

DANCE EXPERIENCE

Please list all dance experience:

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

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

Please attach a headshot and fall class schedule to this form* (Please note that these items will not be returned.) Payments will be collected at check in.

