

Dancer Profile – Fall 2016

LOCKER NUMBER:

Name: _____

Address: _____

City/State/Zip: _____

Dancer's Cell Phone: _____

Dancer's Email: _____

Are you on Facebook? Yes / No

Parent's Name(s): _____

Parent's Phone: _____

Parent's Email: _____

Previous Dance Experience:

Other activities in the Fall (ie: Studio), please list day/time commitments for other activities:

What do you expect to bring to the team?

What do you expect to gain from the team/experience?

What do you expect of your coaches?

List three dance goals for this season:

- 1.
- 2.
- 3.

Are you interested in participating in Competition Season (Winter)? Yes / Maybe / No