



2019 SEATTLE STORM DANCE TROUPE APPLICATION

#

(For Judge Use Only)

Name: _____

Age: _____ Birth Date: _____

Address: _____

City/State/Zip: _____

Parent/Guardian Name(s): _____

Email: _____

Phone: _____

Dance Experience (years, type, etc.) & Special Skills: _____

Do you attend a Dance Studio? Yes / No

If yes, which studio and what is your schedule? _____

Which school do you attend? _____

Grade: _____

**I have seen the 2019 Storm home game schedule, and understand that by auditioning for Storm Dance Troupe, I am confirming that I am available for every home game*

(signature)

(print name)