

SPOTLIGHT PERFORMING DANCE COMPANY 2018-2019

*PLEASE FILL OUT THE INFORMATION BELOW AND GIVE IT TO SARA (AS SOON AS POSSIBLE OR AT THE AUDITIONS)

STUDENT NAME _____

AGE _____

BIRTH DATE _____

STUDENT CELL _____

STUDENT EMAIL ADDRESS _____

(ONLY IF IN USE)

HOME ADDRESS _____

(WHERE YOU WOULD LIKE INFORMATION SENT TO)

PARENT(S) NAME _____

PARENT(S) CELL _____

PARENT(S) EMAIL _____

(INFO WILL BE SENT OUT TO ALL EMAILS LISTED...SO PLEASE IF YOU NEED EMAILS SENT OUT TO BOTH PARENTS GIVE BOTH EMAIL ADDRESSES)

NOTES (ANYTHING THAT NEEDS TO BE KNOWN....MEDICATIONS, INJURIES)

*IF ANY OF THE ABOVE INFORMATION CHANGES PLEASE SEND US AN EMAIL
SPOTLIGHTDANCESTUDIOOFPINCKNEY@GMAIL.COM

I HAVE READ THE COMPANY PACKET (ONLINE) AND UNDERSTAND ALL OF THE RULES AND REGULATIONS. I UNDERSTAND THAT THE COMPANY REQUIRES FULL DEDICATION. A LOT OF TIME AND MONEY WILL BE PUT INTO THE COMPANY. I REALIZE THAT COMPETITIONS AND CONVENTIONS ARE MANDATORY AND MAY TAKE UP THE ENTIRE WEEKEND.

PARENT SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____