

## Rosary Academy Dance Team Application

## **Student Information**

Name	
Grade '24 – '25	_ Date of Birth
Home Address	
City	Zip code
Home phone	Cell
Student Email	
Parent/Guardian Informatio	<u>n</u>
Mother's Name	Father's Name
Primary contact email	
Primary contact cell phone	
What dance studio(s) do you c	urrently attend?
How many days a week do you	attend, and what classes do you currently take?
What is your previous dance ex	xperience?

Other activities and interests?
How would you view your role as a Rosary Dance Team member?
What does being a team player mean to you?
Checklist:
Diocese of Orange / Rosary Academy Release Form
Rosary Academy Media Release Form

Please attach photo here