

DANCERS NAME:			AGE:	DOB:
PARENTS or GUARD	IAN NAMES:			
ADDRESS:				
CITY:	STATE:		IP:	
EMAIL:		HOME PHONE:		
CELL PHONE:		CELL PHONE:		
CURRENT DANCE ST	UDIO:			
YEARS OF DANCE:	BALLET POINTE TAP BALLROOM			HIP HOP
GRADE:	SCHOOL:			
ALLERGIES:				
DREAM ROLE IN THI	E NUTCRACKER:			
Dress Rehearsal Dates In Studio – Friday 12/ Stockbridge Theatre –	 13/19 (Act 1) & Saturday 12/	14/19 (Act 2)		
Performance(s): Stockbridge Theatre -	Sunday 12/22/19			
CONFLICTS:		HEIGHT:	SH	OE SIZE:
Grada a Grada		B		
Student Signature:		Parent Signa	iture:	