



Sapphires

DANCE TEAM



Student Name: _____

Birth Date: _____ Grade Level: _____

Student Email: _____ Phone #: _____

Parent Name: _____ Parent #: _____

Dance Experience: YES or NO If yes, where and how many years? _____

Competition Experience (Team, Amount of Years): _____

Other activities involved in school?: _____

Recommendations from 2 Dance Teachers:

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Why do you want to be a Sapphire?:
