

MARIAN DANCE TEAM CONTACT INFORMATION

NAME: _____ TRYOUT NUMBER: _____

HOME NUMBER: _____ CELL NUMBER _____

CAMPUS ADDRESS: _____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____

YEAR IN SCHOOL (2010-2011): _____ MAJOR: _____

EMERGENCY CONTACT NAME: _____

PHONE NUMBER: _____

APPLYING FOR SCHOLARSHIP? ___Yes ___No

INCOMING FRESHMEN/TRANSFERS ONLY:

Have you been admitted to the Marian University? ___Yes ___No

Please list any previous dance experience:

Why do you want to be a member of the Marian Dance Team?

What would you contribute to the Marian Dance Team?

All participants will release Marian College, the Marian College Dance Team and all volunteers associated with the Dance Team from liability of accident or injury associated with participating in the Marian College Dance Team audition process and further participation in Marian College Dance Team activities. Applicant also verifies that all information above is correct to the best of their knowledge.

Participant

Date

Legal Guardian (if participant under 18)

Date