

## 2019-2020 Competition Team Tryout Form - Providence

Dancer:	Age:		DOB:	
Parents:	Home	Phone:	Cell Phone:	
Mailing Address:	City:	State:	Zip	
Parent Email Please print	Email Please print Additional email (Optional) Please print		lease print	
Team. I/We understand the form Trying out does not guaranteed week of tryouts (July 29)  No Score sheets will be an experience of the sheets of the shee	"will be trying out for the 201 cllowing: Tantee the dancer a spot on the competing the August 2nd), including Petites. The August 2nd), including 2nd), including Petites. The August 2nd), including 2nd), inclu	for team. ALL dancers for team selection purp ent & dancer) play a pa m members, as well as r e – NO EXCEPTIONS e indicate that number u cannot pick and choose instructor's discretion), fill your dancer want Ac 7/19 – 7:00pm to 8:00p	must be available the entire coses. In the final selection process hew team members on here e. please check here ro if not on Acro team	
Grade Level for 2019-20	School Bell Tim	e:		
Parent Signature:	Date: Dancer	· Signature	Date:	
Attach the \$150.00 tryout fee* t Miller Street Dance Academy, At	o this form and return to: tn: Team Tryouts - 11115 Golf Links Rd.	, Suite A Charlotte NC	28227	
Credit Card Number:		Exp Date:_		
	n July 29th and tryouts on July 30th discounts given should the dancer miss	<b>DR</b> Draft Card on File _ a prep class, decide not		
Office Use Only:			_	