E ACADEMYI

2021-2022 Competition Team Tryout Form - Providence

Dancer:	Age	Age: Home Phone:			
Parents:				Cell Phone:	
Mailing Address:		City:	State:	Zip	
Parent Email Please print		Additional email (Optional) Please print			
My dancer,	, will be trying out for	r the 2021-2022 Miller S	treet Dance Acad	emy Competition Team.	
 Videos will be emailed prior to No Score sheets will be given For prior team members, pas Good sportsmanship is expect Right & Left splits must be con The competition team schedu If you need to limit the number The instructors will p If your dancer is interested in Please indicate the number of Will your dancer want Acro if If a dancer misses the first 3 p There is a mandatory parent r \$300 dancer deposit + \$30 team 	out; outside Judges are bin t attendance & conduct (ted from parents & dance rrectly executed by ALL fo ile that is emailed is non-ri- er of dances for your dance lace them in the appropria performing a solo, (this wi f Ballet classes requested not on Acro team (production rehearsals, the meeting (no dancers) Tues	rought in for team select both parent & dancer) rs rmer team members, an negotiable – NO EXCEPT cer, please indicate that ate routines – you canne vill be at instructor's disc If approved, ad (Yes/No) y will automatically bec sday, 8/31/21 – Time TB	tion purposes play a part in the nd new team men IONS number here ot pick and choose cretion), please ch d to Pre-Pointe/Pe ome an understuc A	final selection process. hbers on production e heck here ointe (Yes/No)	
School					
Grade Level for 2021-22	Scho	ool Bell Time:			
Parent Signature:	Date:	Dancer Signature		Date:	
Attach the \$150.00 tryout fee* to th Miller Street Dance Academy, Attn: ⁻		olf Links Rd., Suite A	Charlotte NC 2822	27	
Credit Card Number:	Exp Date:				
Signature: *This fee includes prep classes on Au **There are No refunds/credits/disc team.	ugust 2nd and tryouts on	August 3 rd	Card on File		
Office Use Only:	· · · · · · · · · · · · · · · · · · ·				

Amount