



2024-25 Competition Team Tryout Form - Providence

Dancer: _____ Age: _____ DOB: _____

Parents: _____ Home Phone: _____ Cell Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent Email Please print _____ Additional email (Optional) Please print _____

My dancer, _____, will be trying out for the 2024-25 Miller Street Dance Academy Competition Team. **I/We understand the following:**

- Trying out does not guarantee the dancer a spot on the competition team. **ALL dancers must be available for tryouts and rehearsals (July 30th - August 2nd)**
- Combination videos for tryouts will be emailed approximately July 22nd - we will have classes available that week for those who wish to work on the combinations. **Form and payment are due by July 10th in order to receive the videos.**
- No Score sheets will be given out; outside Judges are brought in for team selection purposes
- **For prior team members, past attendance & conduct (both parent & dancer) play a part in the final selection process.**
- Good sportsmanship is expected from parents & dancers
- Right & Left splits must be correctly executed by ALL former team members, and new team members on production
- The competition team schedule that is emailed is non-negotiable – NO EXCEPTIONS
- If you need to limit the number of dances for your dancer, please indicate that number here ____
The instructors will place them in the appropriate routines – you cannot pick and choose
- If your dancer is interested in performing a **solo**, (this will be at the judges discretion), please check here ____
- Please indicate the number of Ballet classes requested ____ If approved, add to Pre-Pointe/Pointe ____ (Yes/No)
- Will your dancer want Acro if not on Acro team ____ (Yes/No)
- There is a mandatory parent meeting (no dancers) Tuesday, 8/27/24 – Time TBA
- \$300 dancer deposit + \$30 team dues will be due no later than October 1, 2024

School _____

Grade Level for 2024-25 _____ School Bell Time: _____

Parent Signature: _____ Date: _____ Dancer Signature _____ Date: _____

Scan and email form to gina@millerstreetdanceacademy.com or attach the \$150.00 tryout fee* to this form and return to: Miller Street Dance Academy, Attn: Team Tryouts - 11115 Golf Links Rd., Suite A Charlotte NC 28227

Credit Card Number: _____ Exp Date: _____

Signature: _____ **OR** Draft Card on File _____

*This fee includes prep videos and tryouts on July 30th

**There are No refunds/credits/discounts given should the dancer miss a prep class, decide not to try out, or does not make the team.

Office Use Only: _____

Date Received	Check #/CC Type	Amount	Entered in JR
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