



****Please print this form and bring to auditions along with a current headshot****



(For Judge Use Only)

2018 Seattle Storm Dance Troupe Application

Name: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male / Female

Address: _____

City/State/Zip: _____

Parent/Guardian Name(s): _____

Email: _____

Phone: _____ Home / Cell / Work (circle one)

Dance Experience (years, type, etc.) & Special Skills: _____

Do you attend a Dance Studio? Yes / No

If yes, which studio and what is your schedule?

Which school do you attend? _____ Grade: _____

How did you hear about Storm Dance Troupe Auditions? (Circle)

StormBasketball.com Email Friend Radio Dance Studio Social Media