Audition # _____
(to be completed by staff)

Western Michigan University Dance Team Registration Form

Name: _____E-mail: _____

Phone:_____ DOB: _____WIN #:_____

Year in school (Fall 2022: FRESH SOPH JR. SR. 5th Year

High School: _____ Hometown: _____

Major: _____ Minor: _____

Shoe Size: _____ Bra Size: _____ Shirt Size: _____Pant/shorts Size: _____

DANCE BACKGROUND

Years dancing: _____Previous dance studio: _____

Did you dance on your High School Team: YES NO

Dance Style you feel you excel in: _____

Do you have any experience teaching dance or being a teacher assistant: YES NO

Do you have pom/cheerleading/tumbling experience (if so please elaborate)?

_____

_____

Dance Awards/Positions Held:

_____

_____

Anything else you feel is important for the judges to know:

_____

_____

FOR SAFETY AND ATHLETIC TRAINING PURPOSES, PLEASE LIST ANY PRIOR ORTHOPEDIC INJURIES, WITH DATES OF INJURY, AND ANY UNUSUAL PHYSICAL CONDITIONS THAT OUR STAFF SHOULD BE AWARE OF:

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