



# 2018 Dance Team Tryout Application

Please send in application along with a head shot photo and \$20 if before Nov. 27<sup>th</sup> or \$25 after Nov. 27 to day of tryouts:

Storm Lightning Girls 5901 S. Southeastern Ave. #104, Sioux Falls, SD 57108. Checks payable to Storm Lightning Girls

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ High School Attended: \_\_\_\_\_

College/University Attended/Attending: \_\_\_\_\_

Work or Class Schedule Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

List any time conflicts or dates you know you will need to take off from January 2nd - July 2017:

\_\_\_\_\_

## Questions:

Have you auditioned to be a Lightning Girl before? If yes, what year: \_\_\_\_\_

Have you ever been convicted of a crime? If yes, what: \_\_\_\_\_

Do you have a reliable means of transportation? \_\_\_\_\_

Do you have any medical conditions that we should be aware of? If yes, list below:

\_\_\_\_\_

Are you available for all evening practices (Tuesday & Thursday), games, volunteer & special events? \_\_\_\_\_

Have you ever performed professionally? If yes, where: \_\_\_\_\_

List all Dance/Cheer Experience: \_\_\_\_\_

\_\_\_\_\_

Why should you be chosen to be a 2018 Storm Lightning Girl? \_\_\_\_\_

\_\_\_\_\_

Would you be interested in being on our Lightning Girl Promo Team as a 2<sup>nd</sup> option? \_\_\_\_\_

How did you hear about Lightning Girl Tryouts? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_