

2014 – 2015 San Diego State University Dance Team Application

Name:	Date of Birth:
Permanent Address:	Cell Phone Number:
Email Address:	Alternate Phone Number:
School Currently Attending:	Dance Teacher/Coach:
Year in School: HS/SR FR SO JR SR GRAD	Expected Graduation Date:
Have you been accepted to SDSU? Yes No If no, please explain.	How did you hear about SDSU Dance Team Auditions?
List any major injuries and/or health problems:	Dance Experience:

I have read the SDSU Dance Team information packet and have listed valid information in the spaces provided. I understand that the decisions of the SDSU audition judges and coaching staff are final and cannot be disputed.

Candidate's Signature: _____

Date: _____

Parent/Guardian signature if under the age of 18

Parent's Signature: _____

Date: _____