

FCA Drill Team 2020-2021 Tryout Application Form

Name: _____ Grade Next Year: _____
Address: _____
City: _____ Zip: _____ T-shirt size: _____
Home Phone: _____ Hopeful's Cell #: _____
Birthday: _____ Email: _____

Parent's Names: _____
Mom's Phone #: _____ Dad's Phone #: _____
Mom's Email: _____ Dad's Email: _____
Best Contact Email: (check)
 Mom's Email
 Dad's Email
 Student's Email

List any clubs, organizations, sports teams you are involved in:

List any previous dance experience you have had. Be specific.

Why do you want to be a member of the Silhouettes?

