

ROCORI Rockettes Dance Team Information & Contact Sheet

Name: _____ Grade: _____ Birthdate: _____

Cell phone number: _____ Email address: _____

Home address: _____ City: _____ Zip code: _____

Parent Information:

Parent 1

Parent 2

Name: _____

Name: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Medications/Medical Conditions

Existing Medical Conditions: _____ Allergies: _____

Medications that may need to be taken at practice/performances: _____

Questions:

What dance experience do you have?

Why do you want to be on the ROCORI Rockettes Dance Team?

What will you bring to the team?