

McKendree University

Dance Team Application

Please fill out completely. Print clearly in blue or black ink.

Name: _____ Phone: _____

Email Address: _____ Cell Phone: _____

Name of High School: _____

School Address: _____ City, State: _____ Zip Code: _____

Coach's Name: _____ Coach's Email: _____

Year in School: _____ Graduation Date: _____ Cumulative GPA: _____ Date of Birth: _____

Other Involvement on Campus or in High School: _____

Other Interests or Hobbies: _____

Honors or Achievements: _____

Years in Dance: _____ Studio Experience: _____

Competition Experience: _____

List of Dance Skills: _____

Have you attended a tryout at McKendree before: yes - no If yes, when? _____

Please attach a picture of yourself to the bottom of this application.

Return this form to:

Sara Miller

701 College Road

Lebanon, IL 62254

Or email:

skmiller@mckendree.edu