

Cookeville High School Competition Dance Team Application 2018-2019

Name: _____

Parent or Guardian Name: _____

Address: _____

Parent Phone Number: _____ Student Phone Number: _____

Parent Email Address: _____

Student Email Address: _____

Grade (2018-2019): _____

Special Needs: _____

Allergies: _____

Emergency Contacts: (other than parent or guardian)

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

Conflicts: Please list ALL conflicts for the 2018-2019 dance year (vacations, other sports, etc.)
