



Tryout #:

2008-2009 MADAME ANTS DANCE TEAM TRYOUTS **APPLICATION**

PERSONAL INFORMATION:

Name: _____ Soc. Security #: _____

Address: _____

City _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Age: _____ Date of Birth: _____ Ht: _____ Wt: _____ E-mail: _____

Current Occupation: _____

Employer/ Company: _____

Job Description: _____

Emergency Contact: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

EDUCATIONAL BACKGROUND:

High School Attended/City _____ Yr. graduated _____

Colleges/ Universities Attended _____

Yr. Graduated _____ Major _____ Minor _____

If currently a student, what is your classification? _____

Will you be a student in the fall? _____ Where _____ # of hours _____

Dance/Cheer Experience:

Hobbies:

Community Involvement / Volunteer:

3 Personal References (Name, Phone #):

What would you like us to know about you that is not included on this application?

Tell us why you want to be a member of the Madame Ants and what qualities you can bring to the team.



**Mail completed application package and
recent photo to:**

Fort Wayne Madame Ants Dance Team Tryouts
C/O: Alicia Harrison
1910 St. Joe Center Rd., Ste. 61
Fort Wayne, IN 46825

OFFICIAL USE:

____ Registration Fee
____ Photo
____ Registration Complete
____ Copy of Drivers License
____ Waivers