

Dream Allstars

2023 – 2024 Dance Tryout Form

Athlete's Name _____

Street Address _____

City _____ State _____ ZIP _____

Date of Birth _____

Parent/Guardian's Name _____ Parent/Guardian's Cell _____

Parent/Guardian E-mail Address _____

Additional Contact (optional):

Name _____ Phone _____

How many years of dance experience do you have? _____

Is your athlete interested in Poms? YES NO

Is your athlete interested in Hip-Hop? YES NO

**There will be no additional cost to participate in both poms and hip-hop

We look forward to having you become a part of the Dream Allstars Family!

For Dream Allstars Coaching Staff Use Only:

Turns	Leaps/Jumps	Tricks	Other

Tryout Number
