

**Cypress Ridge DAZZLER Try-out Application**  
***Due Thursday, November 21, 2019 to CyRidge Dance Room #1990***

Please print neatly or type the following information.

NAME: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

ATTENDED TRY-OUT MEETING?      YES      or      NO

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

YOUR CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CURRENT GRADE LEVEL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER or FATHER (Circle one) CELL #: \_\_\_\_\_

SPEAKS ENGLISH?    YES      or      NO

YOUR EMAIL ADDRESS: \_\_\_\_\_

PARENT EMAIL ADDRESS: \_\_\_\_\_

**2019 Fall SEMESTER SCHEDULE**

<b>Period</b>	<b>Subject</b>	<b>Teacher</b>	<b>Room Number</b>
1			
2			
3			
4			
5			
6			
7			