

2018-2019 Klein Cain Legacies Dance Team

Audition Application

Must be turned in by Monday, April 2nd

(Please print clearly)

Last Name: _____ First Name: _____

Current Grade Level: _____

KISD ID# _____

Current School attending: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Candidates Cell: _____

Birthday (M/D/Y): _____ email: _____

Mother's Name: _____ email: _____

Mother's Work/Cell Phone: _____

Father's Name: _____ email: _____

Father's Work/Cell Phone: _____

I have read the letter concerning audition procedures, general information and the expense sheet. I agree to support the rules and procedures of the Klein Cain Legacies should my child be selected for the dance team and decide to participate.

Parent/Guardian Signature Date

Please attach a current student photo below

