

North Carolina Youth Tap Ensemble

Name: _____ Personal Pronouns: _____

Date of Birth: _____ Age: _____ Grade: _____

Current school: _____

Current dance studio: _____

Address (street) _____ (city) _____ (state) _____ (zip) _____

Parents/guardians name(s): _____

Cell (parent): _____ Cell (dancer): _____

Email (parent): _____

Email (dancer): _____

*I understand that NCYTE is a serious commitment and requires one rehearsal every Saturday from 1-4pm.

Dancer sign here: _____