



Can Windham County DANCE?



OFFICE USE ONLY:
Dancing Time:

Celebrity Dancer Pre-Registration Form

SPACE IS LIMITED

SIT INTERNATIONAL CENTER

CELEBRITY DANCER _____ TITLE _____

DAYTIME PHONE _____ EMAIL _____

EVENING PHONE _____ CELLULAR _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

TEAM AGENT/CONTACT _____

PHONE _____ EMAIL _____

Have you had any previous dance experience? Lessons? If so, please describe _____

If you had your choice, which dance style would you be interested in performing? Please check all that apply: [three columns of boxes]

- | | | | |
|--|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Argentine tango | <input type="checkbox"/> Charleston | <input type="checkbox"/> Rumba | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Belly Dancing | <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Salsa | |
| <input type="checkbox"/> Ballroom | <input type="checkbox"/> Jitterbug | <input type="checkbox"/> Samba | |
| <input type="checkbox"/> Calypso | <input type="checkbox"/> Mambo | <input type="checkbox"/> Swing | |
| <input type="checkbox"/> Cha Cha | <input type="checkbox"/> Merengue | <input type="checkbox"/> East Coast Swing | <input type="checkbox"/> Other _____ |

If selected, will you be able to commit to attending regular dance practices with an assigned professional dance partner (at a mutually agreed upon time) over a 3 month period from February to April, 2018?

Yes No

If no, please explain. _____

Indicate if you already have professional dance partner/teacher: _____

Gender _____ Age _____ Height _____

If unable to participate in 2018; please consider me for future years! I wish to nominate _____

Please return this form to: Dancing/Youth Services by January 30th

In Person: 32 Walnut Street
By Mail: P.O. Box 6008, Brattleboro, VT 05302
By Fax: (802) 257-2171
By Email: info@youthservicesinc.org