



HTDA Competition Interest Form

(Please fill out one form per dancer)

First/Last Dancer _____

First/Last Name Parent(s): _____

Address: _____

Phone Number: _____ Email: _____

Birthday: _____ Age (Fall): _____ Grade (Fall): _____

Have you ever competed before? Yes No

Would you like to use your current solo again? Yes No

Type of Solo: _____

Music: _____

****Please note: If yes, you will not pay for new choreography – it will be included in your monthly practice payment.**

What kind of routine(s) would you be interested in competing with? (Please mark with a number if you are interested in more than one; **for example, "Solo 2"**)

Solo _____ Duet _____ Trio _____ Small Group _____ Large Group _____

Preferred style of dance(s) (example; jazz): _____

Names of duet/trio/group dancers:

Signature: _____ Date: _____