

Elite Tap Tryout Application

Tryouts will be held on **Saturday**, **June 29**th from 1:30-2:15p in the Triphahn Center Dance Studio.

To try out for the 2024/25 Elite Tap, please fill out the application in its entirety. All applications must be returned to Jessica Karbowski in person or to ikarbowski@heparks.org by Wednesday, June 26th.

Dancer's Full Name_			
Address			
City			Zip Code Phone #
Parent Primary Ema	il <i>(all co</i>	ntact is	through email)
Dancer's email (if th	ey wish	to be ir	ncluded in emails from teachers)
Birthday		Ag	ge on 1/1/2025 School grade for 24/25 season
•	-		s Dance Company would you like your contact information distributed to circle 'Yes' or 'No' below.
Email:	Yes	No	Email (if different from above):
Phone Number:	Yes	No	Number (if different from above):
Parents Name:	Yes	No	Name(s):

Dance History:
Please list any previous dance experience/classes, including:
Style of dance, Location, Dates of classes, teachers and years taken.
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Parents:
I give permission for my child to participate in the 2024 Elite Tap auditions. I understand that the outcome of the
audition is made by qualified teachers and that the decision of the teachers is not open for discussion. I have read and
understand the 24/25 Elite Tap Parent Handbook and understand the attendance and financial commitments required
for the program. I also understand that pending acceptance into Elite Tap there will be additional costs, rehearsals,
shows, commitments, and rules that I will support my child in abiding by.

Date_____

Parent Signature_____