ORDWAY
Joy. Centerstage.

ANNIE

CHILD'S NAME			PARENT'S NAME	
ADDRESS				
CITY			STATE	ZIP CODE
PARENT PHONE #			PARENT E-MAIL	
HEIGHT	WEIGHT		HAIR	EYES
DANCE SKILLS & TRAINING				
DO YOU SIGHT READ MUSIC?			DO YOU PLAY AN INSTRUMENT (WHICH?)	
DO YOU DO ACCENTS?				
DO YOU HAVE ANY SPECIAL SKILLS YOU'D LIKE US TO KNOW ABOUT (ICE SKATING, JUGGLING, TUMBLING, GYMNASTICS, ETC…?)				
ANY CONFLICTS/COMMITMENTS July 2017 through December 2018				
DO NOT WRITE BELOW THIS LINE				