

# Claremont High School Wolfgang 2017-2018 Application

Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Please list any Hip Hop/ Dance

Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to be a member of the CHS Wolfgang Hip Hop Team:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All packets are due by the first try-out clinic, April 24th, 2017 by 6:00pm

CHS Health Room. Please attach a Headshot of yourself to your application.

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