Empowerment in Motion Application

Name_____

Age _____ Years of Dance/Tumbling training _____

Years at Sullivan Dance Studio / Empower Academy _____

Styles of dance/tumbling you currently take: _____

_____

Please write your availability down for each afternoon/evening. Think of when you have dance, school sports, school extra-curricular activities etc…

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Write why you want to be part of the Empowerment in Motion program:

_____

_____

_____

_____

_____

As a family we have read the information and understand the expectations of the Empowerment in Motion program. We agree to uphold these for the next season to the best of our ability.

_____ _____

Student Applicant's Signature Parent's Signature

_____

Date