



Walled Lake Western Dance Team

Pink-Out Application

Full Name: _____ Parent: _____

Email Address: _____ Date of Birth: _____

Mailing Address: _____

Cell or Home Phone (**circle**) _____ Emergency Contact: _____

School: _____ Age: _____ Grade: _____

Dance Experience: Yes: _____ No: _____

Office Only

Paid: _____ Unpaid: _____

Signature: _____ Date: _____

Notes: