

Mississippi Gulf Coast Community College

Perkette Dance Team

Audition Registration Form

Full Name _____

Date of Birth _____ Age: _____ Height: _____

Cell Phone Number: _____ Home Phone Number _____

Social Security Number _____ - _____ - _____ MGCCC M# _____

E-Mail Address _____

Address _____

City: _____ State: _____ Zip: _____

Classification (in Fall 2018): Freshman Sophomore

Anticipated Major: _____

Current School: _____ GPA: _____

Extracurricular Activities:

Dance Experience:

Would you accept a position as Perkette Manager if offered? YES NO

In case of emergency, contact information:

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Uniform Information:

Tank size: _____ Jazz Pant size: _____ Jazz Shoe size: _____