

Submit the following application along with a headshot and 3min solo video to admin@dancedr.co

Which program are you applying for?

Tier 1

Tier 2

Tier 3

First Name*

Surname*

Other names

Date of Birth*

Mobile*

Email address*

Street Address*

Postcode*

School (if applicable)

Dance Studio (if applicable)

Qualifications/Training*

Areas of Special Interest

Performance Experience

Personal Goal(s)

Professional Goal(s)

Allergies (if any)

Injuries (if any)

What can Dance Dr. do for you?*

**required*

Dance Dr. sincerely thanks you for your interest and support.

www.dancedr.co