TDA Dance
www.cheercsa.com

Help us get to know you!

Please fill out the form below and mail to Team Dance Academy at least 2 weeks prior to camp/clinic.

School/Team Name: _____

Team Mascot: _____ **Team Colors:** _____

Coach Name: _____ **Coach Phone:** _____

Coach Address: _____ **Coach E-mail:** _____

Location of Clinic (physical address): _____

Length of Clinic: ☐ 1-day ☐ 2-day ☐ 3-day ☐ 4-day ☐ Other: _____

Types of routines interested in learning: ☐ Pom ☐ Kick ☐ Hip-Hop ☐ Jazz ☐ Lyrical ☐ Other: _____

Please list technical skills interested in learning (i.e. turns, leaps, jumps, etc.) _____

_____

_____

_____ ☐ We do not wish to work on technical skills.

What is your team's level of ability? ☐ Beginner ☐ Intermediate ☐ Advanced

How did you hear about TDA? ☐ Postcard ☐ Advertisement ☐ Internet ☐ E-mail ☐ Word-of-mouth ☐ Other: _____

Does your team compete? ☐ Yes ☐ No **If so, at what level?** ☐ Local ☐ State ☐ Regional ☐ National

What factors influence competitions that you attend? _____

_____

_____

Mail to: Team Dance Academy, 313 23rd St. NW, Waverly, IA 50677