

APPLICATION FOR  
BISHOP CHATARD HIGH SCHOOL DANCE TEAM

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

Grade (2010 – 2011 School Year): \_\_\_\_\_

Grade School Attended: \_\_\_\_\_

Previous Dance Experience: \_\_\_\_\_

\_\_\_\_\_

Why do you want to be on the BCHS Dance Team? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send completed application by June 14 to: Bishop Chatard High School  
c/o Jeanne Norton, Spirit Squad Coach  
5885 N. Crittenden Avenue  
Indianapolis, IN 46220

If you prefer you may e-mail your application to: [jjn80@aol.com](mailto:jjn80@aol.com)