

Firestarters

School of Dance

in Ottertail, Minnesota

Name _____
First Middle Last

Address _____
Street City Postal Code Country

Phone Number _____
Home Cell

Email _____

Birthdate _____ Gender _____ Ethnicity _____

If you are under the age of 18 we will require you to mail a signed release from your legal guardian including their contact information (Name, Relationship to You and Contact Number).

Your signed release can be mailed to *Firestarters, PO Box 63 Ottertail, MN 56571*

Emergency Contact: Name/s and number/s of person/s to contact in the event of an emergency

Church: Current Home Church _____

Address: City/State/Postal Code _____

Denomination/Affiliation _____

Length of Time with Church _____

Positions Currently Held _____

Pastors Name _____

Phone Number _____

If you are currently not attending a church regularly or if you have been attending your current church for one year or less, please provide a secondary reference below.

Name Relationship to You Contact Number

Application for *School of Dance* in Ottertail, MN

Marital Status Check One: Single Married Widowed Divorced

If you are married and intend to bring your spouse either to participate in the school or simply to accompany you, let us know:

Check One: Attending alone Attending with my Spouse

Known Medical Conditions (*Include Mental Illnesses*)

If you are currently on and or will be on any medication/s during your stay in Minnesota, please list them below

Please Note: Firestarters will not be responsible for monitoring the medical requirements of students during their stay. However we will be happy to provide students with the name and number of our nearest medical facilities(Clinic and Pharmacy)

Q/A Please answer the following questions with as much detail as you can.

1. What formal training/experience do you currently have? Please list Main styles (note proficiency level), as well as any live experience.

2. What are your creative goals or reasons for pursuing additional training with *School of Dance* in Ottertail Minnesota?

Sign: _____ **Date:** _____

*Please send completed application to Firestarters School of Dance, PO Box 63, Ottertail, MN 56571
or email scanned copy to general@firestartersmusic.com*

Applicant agrees that attending the school is subject to approval of their application. If applicant is rejected all money's paid by applicant will be returned. Accepted applicants agree to make the entire payment for the school by May 15th.

Please Note: All Activities of School of Dance may be recorded in the form of audio, video or photography for the purpose of publishing through multimedia as a function of the ministry.