

# DANCING HEARTS APPLICATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_

TEAM OR TEAM OR CLASS \_\_\_\_\_

EMAIL \_\_\_\_\_

WHY DO YOU WANT TO BE ON THE DANCING  
HEARTS? \_\_\_\_\_

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WHAT QUALITIES DO YOU HAVE THAT YOU THINK  
WOULD BE BENEFICIAL TO THE DANCING  
HEARTS? \_\_\_\_\_

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WHAT IDEAS DO YOU HAVE FOR ACTIVITIES OR  
COMMUNITY  
PROJECTS? \_\_\_\_\_

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PARENT  
SIGNATURE \_\_\_\_\_