



**MOVING ARTS DANCE**  
***School of Ballet and Contemporary Dance***

Kate Cross, Director

PO Box 166  
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978.621.4110

**DANCER QUESTIONNAIRE**

Dancer's name and birth date: \_\_\_\_\_

Dancer's parent(s) or guardian(s)  
name(s): \_\_\_\_\_  
\_\_\_\_\_

Dancer's phone number(s): \_\_\_\_\_

Dancer's address(es): \_\_\_\_\_  
\_\_\_\_\_

Emergency contact phone number(s): \_\_\_\_\_

Parent email address: \_\_\_\_\_

Any allergies or medical information  
that Moving Arts should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Dancer's dance background, if any: \_\_\_\_\_  
\_\_\_\_\_

How did you hear of Moving Arts? \_\_\_\_\_  
\_\_\_\_\_