



MOVING ARTS DANCE
School of Ballet and Contemporary Dance

Kate Cross, Director

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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? _____
