

HSSU Honeycomb Majorettes Dance Team Application

Please bring this application with you to the first day of Honeycomb Tryouts. You must have an application on file to be considered for tryouts. Please attach a copy of your class and work schedule.

Name: _____ Student # _____

Address (on or off campus):

Phone Number: _____ Email Address: _____

Emergency Contact: _____ Phone Number: _____

What is your major? _____ Anticipated Graduation Date: _____

Are you a full-time HSSU student? _____ Do you belong to another dance team? _____

What dance experience do you currently have?

Are you a member or plan to join any other organization on campus? _____

Which? _____

Do you have a Job? _____ If so, what is your work schedule?

Why are interested in becoming a member of the Honeycombs?

Have you ever been a part of a team before? _____ What makes you a team player?

What do you think that you will bring to an organization like the Honeycombs?

Do you consider yourself to be a leader? _____ In what way? _____

The Honeycombs practice 3x/week not including weekday and weekend performances. Are you prepared for the commitment that is required? _____

Are you currently experiencing any financial issues that will **prohibit** you from paying dues?

Applicant Signature _____ Date _____