Hofstra University Dance Team Application 2019-2020

Name	Cell Phone Number						
Address							
Email Address		Birthday					
Year in College (2019-2020):	Freshman	Sophomore	Junior	Senior	Graduate Student		
Major	Minor			Cumulative GPA			
Dance Studio/Team Experienc	ce						
Why do you want to be a mei	mher of the Ho	ofstra University D	lance Team?				
If chosen, what are your goals	s?						
What special qualities or skills	s do you posse	ess that would ma	ke you an as	set to the tea	m?		