

# FREQUENT FLYERS® AERIAL DANCE

## Fall Student Cabaret Application 2019

Note: All participants must fill out an application, even if you are creating one piece with other students.

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Guardian/Emergency Contact Name: \_\_\_\_\_

Guardian/Emergency Contact Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian/Emergency Contact Email: \_\_\_\_\_

Which class are you currently enrolled in at Frequent Flyers? \_\_\_\_\_

If you are not currently enrolled in a class with us, what was the most recent class(es)/dates you took? \_\_\_\_\_  
\_\_\_\_\_

What apparatus do you intend to use & how many? \_\_\_\_\_

Are you creating a piece with other students? Circle one: Solo Duet Trio Quartet 5+

If so, please list the names of all performers in your piece: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which showing date do you prefer? Please circle one (or both if you are available for both).

Friday, October 25th from 7:30-9pm

Saturday, October 26th from 3:45-5:15pm

I certify that the above information is complete and accurate. I have read and understand the requirements and financial commitment to participate in the Fall Student Cabaret and intend to follow through with my commitment if my piece is selected.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT COMPLETED APPLICATIONS IN PRINT OR VIA EMAIL BY TUESDAY, SEPTEMBER 3RD, 2019. YOU WILL BE NOTIFIED BY MONDAY, SEPTEMBER 9TH IF YOUR PIECE IS ACCEPTED AND WHICH SHOWING DATE YOU WILL ATTEND.**

**Application Submissions and Questions:**

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