

2018-2019 Dakota Combo – Student Information

You must bring this form to your audition completely filled out!

Please type the response or PRINT CLEARLY. Thank You.

Name: _____

Instrument: _____

Age: _____

Grade: _____

School: _____

Home Address: _____

Phone number: () _____ - _____

Home () _____ - _____

Cell () _____ - _____

Email 1: _____

Email2 : _____

Parent or Guardian contact name: _____

Please note that the Dakota Combo runs from September-June. We expect full participation at all rehearsals and performances.