



A VARSITY BRAND

UNIVERSAL DANCE ASSOCIATION

6745 Lenox Center Court
Suite 300
Memphis, TN 38115

901-387-4300
1-800-DANCEUDA

DATE: _____

INSTRUCTOR APPLICATION

NAME: _____ AGE: _____

PARENTS ADDRESS: _____
STREET CITY STATE ZIP

PARENT'S NAME: _____ PHONE NUMBER (_____) _____

MAILING ADDRESS
(IF DIFFERENT FROM ABOVE) _____
STREET CITY STATE ZIP

PRESENT PHONE (_____) _____ CELL PHONE: (_____) _____

SOC. SEC. # _____ BIRTH DATE: _____
(must be 18 by May 31st)

EMAIL ADDRESS: _____

HIGH SCHOOL ATTENDED OR ATTENDING: _____ YEAR IN SCHOOL: _____

DATE OF GRADUATION: _____

COLLEGE ATTENDING OR PLANNING TO ATTEND: _____ YEAR IN SCHOOL: _____

DANCE TRAINING AND TEACHING EXPERIENCE: _____

UDA CAMP/CLINICS ATTENDED: _____

HOW WOULD YOU RATE YOUR DANCE ABILITY? _____

WOULD YOU HAVE A CAR TO DRIVE FOR THE SUMMER? _____

IF SO, HOW MANY PASSENGERS INCLUDING YOURSELF WILL FIT WITH LUGGAGE? _____

ARE YOU PROFICIENT IN ANOTHER LANGUAGE?

IF YES, WHAT LANGUAGE(S)? _____

ARE YOU PROFICIENT IN AMERICAN SIGN LANGUAGE? YES _____ NO _____

FOR OFFICE USE ONLY

DATE ENTERED: _____ STATUS: _____

TRYOUT INFO SENT: _____ LETTER SENT: _____

HOME STATE: _____

Attach
Photograph
Here

PLEASE ATTACH:

- ATTACH A RECENT PHOTOGRAPH ABOVE
- ATTACH A LETTER OF RECOMMENDATION FROM CURRENT ADVISOR/COACH OR TEACHER ADDRESSING THE CANDIDATES DANCE ABILITY, TEACHING ABILITY AND LEADERSHIP QUALITIES.

RETURN THIS FORM TO:
UDA
ATTN: GINGER HAUSER
6745 LENOX CENTER COURT, SUITE 300
MEMPHIS, TN 38115

RECOMMENDED BY: _____ DATE: _____

CAMP CLINIC: _____

THIS FORM MUST BE RECEIVED BEFORE OCTOBER 14TH.
FAXES WILL NOT BE ACCEPTED