



## SDS Student Leader Application

Name \_\_\_\_\_

Years of Dance \_\_\_\_\_ Years at Sullivan Dance Studio \_\_\_\_\_

Age \_\_\_\_\_ Have you been an SDS Leader before? Y or N

Styles of dance you currently take: \_\_\_\_\_

Please write your availability down for each afternoon/evening. Think of when you have dance, school sports, school extra-curricular activities etc..

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Write why you want to be an SDS Leader:

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