



TAMMY SCHAFFER - DIRECTOR

**INDIANA STATE UNIVERSITY  
SPARKETTE DANCE/GUARD APPLICATION**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

PERMANENT PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CAMPUS ADDRESS (IF KNOWN): \_\_\_\_\_

CAMPUS PHONE (IF KNOWN): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PARENTS' NAME: \_\_\_\_\_

PARENTS' ADDRESS: \_\_\_\_\_

HIGH SCHOOL ATTENDED: \_\_\_\_\_ CLASS SIZE: \_\_\_\_\_ GPA: \_\_\_\_\_

YEAR GRADUATED FROM HIGH SCHOOL: \_\_\_\_\_ PRESENT YEAR IN SCHOOL: \_\_\_\_\_

YEARS OF EXPERIENCE:

DANCE: \_\_\_\_\_ FLAG: \_\_\_\_\_ RIFLE: \_\_\_\_\_ HIGH SCHOOL DANCE TEAM: \_\_\_\_\_

HIGH SCHOOL GUARD: \_\_\_\_\_ HIGH SCHOOL CHEERLEADING: \_\_\_\_\_

AUDITIONING FOR: \_\_\_\_\_ DANCE \_\_\_\_\_ GUARD

SOCIAL ORGANIZATIONS: \_\_\_\_\_

AWARDS/HONORS: \_\_\_\_\_

Please mail to: **Indiana State University Sparkettes, c/Tammy Schaffer, 25 W. Honey Creek Dr,  
Terre Haute, IN 47802 Questions? Call Tammy (812) 249-6406**

Place Photo Here. This will not be returned.



To be filled out by officer:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Workshop 1. \_\_\_\_\_

2. \_\_\_\_\_