



2024-2025

Adell's School of Dance
Assistant/Demonstrator
Application

Name: _____ Age: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____ Phone: _____

Experience:

How many years have you been dancing? _____

How many years have you been assisting? _____

Availability:

Please be specific with your availability. You must know your dance schedule!

If you are not available a certain day, please put N/A in the box.

(ie. Mon 430-530, 730-830)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday