

LEADERSHIP CONSERVATORY
FOR THE ARTS
Palm Harbor M.G.

Information Sheet

Please return to your teacher by Wednesday Dec. 18th

Student First Name: _____

Student Last Name: _____

Parents Name: _____

Cell Phone Numbers:

Parent _____

Student _____

Email Addresses:

Parent _____

Student _____

Do you have any dance experience?

Do you have any gymnastics experience?

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