

123 Street, City, State Zip
Phone # | Email

FIRST LAST NAME

Height:
Weight:

Hair:
Eyes:

Age:
Voice:

Education: *List most recent education first*

Ballet	# years	Studio Name
Jazz	# years	Studio Name
Tap	# years	Studio Name
Hip Hop	# years	Studio Name
Musical Theater	# years	Studio Name
Gymnastics	# years	Studio Name
Combo/Pre-Dance	# years	Studio Name

Experience: *List most recent experience first*

Date(s)	Company member	Company name	Studio/Company name
Year	Role	Show Title	Production/Studio name

Scholarships & Special Recognition: *List most recent awards first*

Year	Scholarship Name	Studio/Company name
Year	Scholarship Name	Studio/Company name

Special Skills:

- Skill 1
- Skill 2
- Skill 3