



WHS Junior DANCE Clinic



If you are in grades K-8 and the dancing fever is in you, then please come join the WHS dance team as they proudly host a 2010 junior dance clinic! *This clinic is open to anyone in grades K-8 so please spread the word!!*

WHEN: Sunday, March 7th (1:00-3:00PM)

Sunday, March 14th (1:00-3:00PM)

Sunday, March 21st (1:00-3:00PM)

(PLEASE NOTE THAT ALL DANCERS ATTEND ALL THREE DATES!)

WHERE: Wrightstown High School Gymnasium

COST: \$25.00 per participant (THERE WILL BE NO REFUNDS DISTRIBUTED AFTER 3/1/10)

-Cost includes clinic t-shirt, snacks and beverages, a ribbon on the performance day, and dance instruction with mini and group routine

DETAILS: Day one the dancers must register outside the gym at the appropriate table based on their grade. Once checked in, there will be a directory listing where each grade will need to go to meet with their instructors. Day two the dancers will come and check in at the same location they were on day one. The final day (March 21st) will consist of a one hour warm-up and practice followed by their performance. We ask that parents and all guests are promptly seated in the gym by 2:00PM so we can start the program by 2:15PM. There will be a **\$2.00 admissions fee** for anyone 12 and older, and beverages and baked goods will be sold conveniently outside the gym doors. We are also excited to draw for a 50/50 raffle, and to have the WHS dance team perform their competition routines to end the afternoon.

*I encourage all family and friends to come and watch the junior dancers as they showcase what they have learned over the course of three days and hope to make it a very successful 2010 clinic!

****ALL REGISTRATION FORMS AND CHECKS MUST BE TURNED IN TO YOUR SCHOOL OFFICE BY MONDAY MARCH 1ST!**

The WHS district & dance team cannot be held liable for any injuries or lost/stolen items. If anyone has any questions please contact Crystal Pischke, head coach, at 920-676-3202 or email her at Crystalmay15@gmail.com.

Thank you,
Crystal Pischke

~PLEASE KEEP FOR YOUR INFORMATION~

WHS POM CLINIC/REGISTRATION FORM

****CHECKS MUST BE WRITTEN OUT TO WHS POMS AND RETURNED WITH THE REGISTRATION**

CHILD NAME: _____

PARENT/GUARDIAN NAME/ PHONE #: _____

EMERGENCY CONTACT/ PHONE #: _____

SCHOOL: _____

GRADE & TEACHER: _____

T-SHIRT SIZE (Please circle): Youth XS Youth S Youth M Youth L Youth XL
 Adult S Adult M Adult L Adult XL