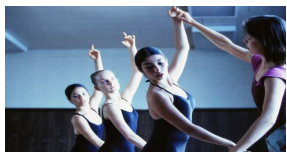


**SCHS Varsity Danceline & Cheer presents:
Dance & Cheer Summer Clinic Extravaganza**
Make checks payable and mail to SC Dance/Cheer
725 N. Kingshighway St.Charles MO 63301
Payment must be received by May 27, 2016 to guarantee shirt



When: May 30—June 3(M-TH)
Time: 6-8 pm
Where: SCHS Gym
What to wear:
shorts, t-shirt & tennis shoes
Forms due by: **May 27, 2016**
Cost: \$55.00

You will learn the following at the camp:

- Cheers, chants, jumps, motions
- Dance routine that includes jazz, pom & hip hop
- Dance technique such as leaps, turns, kicks etc.
- *Final evening will be a performance presentation for all parents beginning at 7 pm.*

NAME: _____

NEXT years GRADE: 1 2 3 4 5 6 7 8

SCHOOL: _____

TISHIRT SIZE: (Youth): small(6-8) medium (10-12) Large(14-16)
 (Adult) Small Medium Large

Registrations MUST BE RECEIVED by May 27th to guarantee a t-shirt.

Questions: Contact Karen Asbell at 636-443-4150 or kasbell@stcharlessd.org

Mail check and this form to: SC Dance/Cheer Att. Karen Asbell
725 N. Kingshighway St. Charles MO 63301

I give permission for _____ to participate in the "Dance & Cheer Clinic" May 30-June 3 at St. Charles High. In the event of injury or death of the Clinic participant the undersigned agrees to hold harmless the Danceline Organization and its affiliates, St. Charles High School and the St. Charles School District.

Signed: _____(parent / guardian)

Date: _____ Emergency Phone # (the evening of clinic): _____