

# Johnson High "Lil' Ladybirds" Dance Clinic

K – 9<sup>th</sup> Grade

Saturday, October 3, 2015

9:00 AM – 2:00 PM

**NATIONAL FINALIST** Johnson High School Legacies Dance Team

**STATE CHAMPION** Johnson High School Belles Drill Team



Clinic Registration Fee: \$30

Registrations received after September 26 and On Site Registrations will cost \$35 and a T shirt is not guaranteed.

**All participants will receive a Johnson Dance Spirit Stick patch**

- ♥ Fee Includes: Pizza lunch w/treat, bottle of water, T-shirt, Pom, Photo, & Certificate
- ♥ Camp Show-offs in the Main Gym @ Johnson at 1:20 p.m.
- ♥ Perform at a Johnson High School Varsity Football Game against Reagan that evening.
- ♥ Game at Comalander Stadium at 7:00 PM
- ♥ Game Tickets will be for Sale @ Clinic Participants \$1 - Students \$3 – Adults \$7
- ♥ Photos from the Show-offs and Game will be available online for purchase at <http://jaguarphotos.smugmug.com/>

## PRE-REGISTER Now!

- ♥ Pre-Registration must be received by **Sept 26**
- ♥ Clinic T-shirt guaranteed with pre-registration
- ♥ On Site Registrations and those received after September 26<sup>th</sup> will cost \$35 and a T shirt is not guaranteed.

## CHECK-IN and ON-SITE REGISTRATION

- ♥ Begins at **8:00 AM** in **Main Foyer of School**
- ♥ Retail Items for Sale at Clinic

**Make Checks Payable to:**  
**Please send registration to:**

Johnson High School  
JHS Dance Clinic, c/o Mrs. Felan  
23203 Bulverde Road  
San Antonio, TX 78259  
[johndanceclinic@gmail.com](mailto:johndanceclinic@gmail.com)  
<http://tw.neisd.net/webpages/strevi1>

**Contact Information:**  
**VISIT OUR WEBSITE AT:**

Child's Name \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone # where we may contact you during clinic & game \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency, please allow my child to receive medical attention from:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student' Name \_\_\_\_\_

Allergies: \_\_\_\_\_

HAS MY PERMISSION  DOES NOT HAVE MY PERMISSION

to be interviewed, photographed, and/or filmed for public information for use in the news media.

I will not hold the North East Independent School District or its employees liable for accidents or injury which may occur while my child is participating in this activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Dance/Drill member who encouraged you to attend: \_\_\_\_\_

For Registrar's Use Only: Check# \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

## REGISTRATION AND PREORDERS

**CLINIC REGISTRATION \$30**

**\*AFTER SEPT 26th \$35**

**LIL' LADYBIRDS T-SHIRT FREE**

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult X-Large

**DANCE CLINIC SHORTS \$15**

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

**TOTAL**