

MORTON RANCH MAVERICK BELLES DANCE TEAM

Fall Dance Clinic 2009 - COME DANCE WITH US!

Saturday, October 17th 2009

9 am to 2 pm at Morton Ranch High School Gymnasiums

(On-site registration in Main Gymnasium Lobby) will begin at 8:30 AM and Show-offs will begin at 1:30 PM)

Participants: Any boy or girl interested in learning new and exciting dance routines and technique ages 3 years old to 8th grade.

What you get: Age appropriate routine taught to you by current members of the Maverick Belles Dance Team, dance clinic T-shirt, awards, and a fun-filled day of professional dance instruction.

Cost: \$25.00

Payment Info: Cash, Money Orders or Personal Checks only (made payable to MBBC [Maverick Belles Booster Club]). Full payment must accompany the Registration Form. See "**3 Ways to Register**" listed below.

What to Wear: Dance Clinic participants should wear appropriate dance/aerobic attire (clothing should not restrict movement), dance/aerobic shoes, and hair pulled away from face. No jewelry please.

Lunch: A lunch (2 slices of pizza, chips, cookie, and bottled water) is included.

Show-offs: A special viewing for friends and family will begin at 1:30 pm in the Competition Gym. Bring your cameras. Clinic will conclude promptly after Show-offs.

Invitation: All clinic participants are also invited to cheer in the stands on Saturday, October 24th, with the Maverick Belles at the MRHS vs. Seven Lakes football game. More information regarding this special opportunity will be given to all participants at the conclusion of the dance clinic.

3 WAYS TO REGISTER.....

- mail the registration form by Monday, October 12, 2009 to:
 - Morton Ranch High School, April Hunt-Belles Director, 21000 Franz Rd., Katy, TX 77449
- e-mail April Hunt, Belles Director, at aprilrhunt@katyisd.org
- call the Maverick Belles office at 281-237-7988

MAVERICK BELLES DANCE TEAM 2009 FALL DANCE CLINIC REGISTRATION FORM

Name _____ Age _____ Current Grade _____

Mailing Address _____ City _____ Zip Code _____

Parent(s) Name _____ Phone Number _____

Emergency Contact Name _____ Emergency Phone Number _____

School Currently Attending _____ Sponsoring Belle (if one) _____

T-shirt Size (circle one) Child Small Child Medium Child Large

Adult Small Adult Medium Adult Large

Please list any allergies or medication that we should be aware of: _____

I, _____, am agreeing to participate in the MRHS Maverick Belles Dance Clinic. I understand that my child,

_____, will be participating in dance/aerobic activity for a long period of time with appropriate breaks for hydration and rest. I will not hold Morton Ranch High School, MRHS Administrators, Mrs. April Hunt, or KISD responsible should any injury or harm occur while attending the MRHS Maverick Belles Dance Clinic.

Parent Signature

Date

Office use only

Method of payment: _____

Date Received: _____