



Be a "Belle" for a Day!

2006 Junior Belle Dance Clinic



Join the Varsity Emerald Belles for the 2006 Junior Belle Dance Clinic and perform a routine before a game at Dragon Stadium. The clinic is open to all CISD girls in grades K through 6 and includes:

- Three hours of dance instruction
- Chick-fil-A box lunch on the day of the Clinic (nuggets, chips, drink, dessert)
- Souvenir t-shirt (Jr. Belle will receive it on performance night)
- Souvenir picture button (Jr. Belle parent will receive it on performance night)
- Performance at Dragon Stadium

<u>Clinic Information</u>	<u>Performance Night Information</u>
<p><u>Date:</u> Saturday, September 30, 2006</p> <p><u>Time:</u> Check-in and Walk-up Registration begins at 8:30am Clinic from 9:00am to 1:00 pm</p> <p><u>Location:</u> Carroll Senior High Gym (at Peytonville and Southlake Blvd.)</p> <p><u>Parent Show Off:</u> 1:00 in the Gym</p> <p><u>Attire:</u> Sneakers, shorts, and t-shirt/dance top</p> <p><u>Bring:</u> Water bottle labeled with name</p> <p><u>Cost:</u> \$40 per girl, \$35 per additional family member when received by Wed., Sep. 27. After Sep.27, the cost is \$45 per girl and there is no family discount. The cost includes lunch.</p>	<p><u>Date:</u> Thursday, October 5, 2006 (Dragon Freshman vs. Colleyville)</p> <p><u>Time:</u> 6:15pm to pick-up t-shirts and get ready to perform</p> <p><u>Location:</u> Dragon Stadium (look for table with balloons)</p> <p><u>Attire:</u> Sneakers, black shorts, Junior Belle Clinic t-shirt</p> <p>* Each girl is released to the parent wearing her picture button after the performance.</p>

Questions? Contact Patty Shaw at 817-488-0752, email: pattyshaw@charter.net
or Evelyn Giffin at 817-488-6450

Subject to football schedule changes. Sorry, no refunds.

Please cut off and return the lower portion of this form with your payment. Registration confirmations will be sent to the specified email address.

ENROLLMENT FORM

Mail with your check *Payable to Emerald Belles* to:
Patty Shaw, 1400 Chimney Works Drive, Southlake, TX 76092
Mail to arrive no later than **Wednesday, September 27, 2006**

Girl's Name: _____ School: _____ Grade: _____

Parents: _____ Address: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

T-Shirt Information- Please Circle Size

Child S (6-8) Child M (10-12) Child L (14-16) Adult Small Adult Medium Adult Large

I give my child _____ permission to participate in the Jr. Belle Dance Clinic on September 30, 2006, to be photographed for a photo button, and to participate in the pre-game show on October 5, 2006 at Dragon Stadium. I will not hold any Emerald Belle, the director or assistant director, the parent volunteers , or any CISD employee responsible should any injury occur to my child.

Parent Signature: _____ Date: _____

Please note: To insure that your daughter is enrolled in the clinic, ALL FORMS must be mailed to Patty Shaw. Please DO NOT send anything to the school. Thank you!