



Tompkins High School
CRIMSON CAVALETTES
Proudly Present Their Annual
Fall DANCE CLINIC



Join the Crimson Cavalettes for their Annual Spring Dance Clinic on Saturday, November 4, 2017.

Age 4 through 9th grade. No dance experience required. All levels welcome!

DATE: Saturday, November 4, 2017

TIME: 8:30 a.m. – 12:00 p.m. On-site registration begins at 8:00 a.m.
 Showcase performance for parents is at 11:30 a.m. in the Performing Arts Center (PAC)

LOCATION: Tompkins High School 9th Grade Center (Corner of Falcon Landing and Gaston)
 4400 Falcon Landing Blvd., Katy, TX 77494

COST: \$45.00 Pre-Registration*
 This includes a Crimson Cavalettes Dance Clinic T-shirt, a midmorning snack, and a bottled water.
 *Registration and payment must be received **NO LATER THAN October 20, 2017** for pre-registration discount and guaranteed t-shirt.
 \$50.00 at the door for on-site registration
 There will also be an opportunity to take a photo with a Cavalette for \$5.00

ATTIRE: Come dressed to dance in comfortable shorts or leotards with tennis shoes or soft soled dance shoes

For additional information: email Mrs. Fortenberry at RosemarySFortenberry@katyisd.org

Complete (please print), detach, and mail this form with a check payable to OTHS Crimson Cavalettes to:

OTHS Crimson Cavalettes – Dance Clinic, 4400 Falcon Landing Blvd., Katy, TX 77494

Dancer's Name: _____ Age: _____ T-Shirt Size: CS CM CL CXL AS AM AL AXL
 Address: _____ City: _____ Zip: _____ Photo? (\$5) yes no
 Parent Name: _____ Cell: _____ Email: _____
 School: _____ Grade: _____ Food Allergies: _____

My child _____, has permission to participate in the dance clinic sponsored by the Tompkins Crimson Cavalettes on Saturday, November 4, 2017. I hereby waive and release Tompkins High School, Crimson Cavalettes and Booster Club from all liability for any injuries incurred during the clinic and give authority for any emergency treatment necessary. Neither this organization nor this event is sponsored, endorsed or otherwise affiliated with Katy ISD.

Parent Signature _____ Date: _____

Emergency Contact: _____ Phone: _____

Crimson Cavalette who gave you the clinic information: _____
 Payment: Cash \$ _____ Check # _____ Check Amount \$ _____ (please put dancer's name on MEMO)
 There will be no refunds given for no show participants.