J'ette Fall Clinic and Dance/Cheer Revue

| <u>Dance</u> | Clinic : for grades Pre-K t | through 8 th grade | | |
|-----------------|------------------------------------|--|------------------------------|--|
| Date: 7 | Thursday, November 8, 2018 | 8 <i>Cost</i> : \$25.00 (includes C | Clinic and T-shirt) | |
| <i>Time</i> : 5 | :00-7:30 | \$15.00 each additional fa | amily member | |
| 7 | 2:30-7:45 – Parents watch ro | outines | | |
| Place: <u>J</u> | acksonville High School | | | |
| C1: : | | | (: 1) | |
| Clinic pa | articipants should wear a sho | ort outfit (or leotard) and gym sho | es (or jazz shoes). | |
| ***** | ********* | ********** | ********* | |
| Evenin | g Pom Revue: This w | vill include clinic participants, che | eer, pom, and studio groups. | |
| Date: F | RIDAY, November 9, 2018 | | | |
| | :45 p.m. (participants should | , | | |
| | :00 p.m. Performances begi | n. | | |
| Place: J | .H.S. <u>Bowl</u> | | | |
| Cost for | Revue: to be paid that eve | ning at the Bowl | | |
| Adult <u>\$</u> | | nt K-12 th grade/Senior <u>\$2.00</u> | | |
| Clinic no | articipants should wear: | Clinic T-shirt | | |
| Ciniic po | articipants should wear. | Solid color shorts | | |
| | | Gym/Jazz shoes | | |
| | | Gymrudzz smoes | | |
| | | here and keep top | | |
| CLINIC | CREGISTRATION | | | |
| Name | | Cell Number: | Grade: | |
| Parent e | mail | | | |
| a1 • • • | ` | Print please – we will send music via DROPBOX) | | |
| | e (circle) | | | |
| Youth: | Small (6-8) Medium (10-1) | 2) Large (14-16)/ Adult: Smal | ll Medium Large | |
| Mail to: | Tiffany Hickox | Registration Deadline: | | |
| | 12 Appomatox | November 2, 2018 | | |
| | Jacksonville, IL 62650 | Checks payable to J | acksonville J'ettes | |
| | thickox@jsd117.org | Registration is non-refu | ndable | |
| We/I here | ehy release the Jacksonville S | chool District #117 and all non-schoo | al facilities and their | |
| | | of injuries which may be sustained by | | |
| | | nnify the Jacksonville School District | | |
| | | aim which may hereafter be presente | | |
| | | certify that within the past year our/marticipate in sports activities. In the v | | |
| | | ent and permission to the attending p | | |
| secure pr | oper treatment. Whenever po | essible, both parents must sign this re | elease. | |
| Signature: | | Da | Date: | |
| _ | | | | |