

# Come Dance with the Crimson Cadettes!

## 7<sup>th</sup> Annual Dance Clinic

**Little Lights**  
 (K-5)  
 Wednesday - Friday  
 August 8-10, 2012  
 CWHS Gym  
 8:30-11:30am

**Trendsetterz**  
 (6-8)  
 Wednesday - Friday  
 August 8-10, 2012  
 CWHS Gym  
 8:30-11:30am

**Hopefuls**  
 (9-12)  
 Wednesday - Friday  
 August 8-10, 2012  
 CWHS Gym  
 8:30-11:30am

Each Session will include dance technique, specially choreographed routines for each age group, performance dance shirt, drinks and snacks each day and a group picture for each participant.

### Family & Friends welcome to Showoffs Held August 10 at 11:30am

**Pre-Registration is \$55 for the 1<sup>st</sup> child in the family**  
 \$40 for each additional child in the same family.  
 Registration is refundable until August 1<sup>st</sup>

**\*\*Please register by July 29<sup>th</sup> to get the pre-registration price\*\***  
 Mail in registration accepted until July 29<sup>th</sup>

After July 29<sup>th</sup>, the online and door registration price will increase to \$65 for the 1<sup>st</sup> child.  
 To register, complete form below and mail with check or money order to the address below.  
 or register & pay ONLINE at [www.crimsoncadettes.com](http://www.crimsoncadettes.com)

**Cypress Woods Crimson Cadettes**  
**PO Box 1038**  
**Cypress, TX 77410-1038**

Cadette to receive credit for your registration: \_\_\_\_\_  
 (Please leave blank if you do not know a Crimson Cadette)

Dancer's Name: \_\_\_\_\_ 2012-2013 grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Emergency Contact (other than parent listed above): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medications or Allergies: \_\_\_\_\_

T-shirt Size:    Child small    Child medium    Child large  
                       Adult Small    Adult medium    Adult Large

I give my permission for my child to participate in all clinic activities. In the event of an emergency, I can give my permission for the clinic staff to seek appropriate medical care. I will not hold CFISD liable in case of accident or injury.

Signature \_\_\_\_\_ Date \_\_\_\_\_