## W.T. Woodson Precisionette Dance Clinic & Half Time Performance!!



DATE: January 19th, 2018

**TIME**: 4-7:30PM (Game starts at 7:30)

COST: \*Register with a friend: \$45 (both registrations must

be submitted with payment in same envelope)

\*Single Registration: \$48

\*Late Registration (after Jan 15): \$50

Includes "Brown Bag" dinner\*, T-shirt & dancer admission to

game

PARTICIPANTS: K through 8th grade

PLACE: W.T. Woodson Dance Room

BRING/WEAR: Sneakers or dance shoes, shorts or dance pants

\*If you child has specific allergies, please send a brown bag dinner for them.

## Come dance with the Woodson Varsity Precisionettes at the Varsity Boys Basketball HALF TIME PERFORMANCE!!

Participants will receive quality dance instruction at the dance clinic and learn the routine prior to the performance. Dancers will sit with the team during the first half of the game and showcase their new skills during the halftime performance. After that, dancers may join their parents in the stands. Participants will be divided by age to provide the most meaningful experience for all. Space is limited, so register early!

		Wood	dson Dance Camp	Registration	Form				
	Please enclose	NONREFUNDABLE (Payal	E payment ( <mark>check</mark> ble to: Woodson	•		with regist	ration form		
Name		- Standard	Since of the same		Age State		Grade Zip Code		4
Street Address_		-00	City						
Home Phone		Cell Phone	4 9	Em	Email Address**				
Emergency Contac	ct (Name and phone i	number)							_
Allergies	<u>//</u>	Have you att	tended camp with	us before?					
I	-shirt size:	CHILD: S	5 M L	ADULT:	XS	s	M	L	
I	(pc	arent or legal guard	lian) give permissi	ion for my chil	d,			to attend the	2
WTW Precisionet	te Dance Camp/Clini								
has no medical cor	ndition that would pr	event them from f	ull participation ir	n this dance co	amp. I take	full respon	sibility for n	ny child's partic	ipation
and release the W	/TW Precisionettes,	coaches & parents	from any liability	associated wi	ith my child	d's participa	tion in the c	amp/clinic.	
Parent Signature	:								
			PHOTO RELEAS	5E:					
I	, give permission for my child,								raphed
and/or videograph	ned by the WTW Pre	cisionettes and/or	coaches to be use	ed in social me	edia, flyers	and advert	ising for dan	ice camps/clinic	S.
Parent Signature	·								

## MAIL REGISTRATION FORM TO:

WT Woodson Precisionettes WT Woodson High School 9525 Main Street Fairfax, VA 22031

## FOR MORE INFO:

Meredith Gelman
meredithgelman@hotmail.com
OR

Mary Beth Quick 4auick@verizon.net





