

Tracy High Cheer Clinic



CLINIC COST: \$40.00

CLINIC DATE/TIME: MONDAY SEPT. 11TH 5:30-8:00pm

Location: THS Cafeteria

Performance & Routine Date: Friday Sept. 15th (arrive at 6pm)

Check In: at end of THS Home side bleachers

Cheer Clinic Participants receive:

- Cheer Technique, Motion, Jump & Stunting Instruction
- Clinic T-Shirt
- Pizza Dinner
- Half Time Performance at Varsity game on 9/15/23 (free entrance w/ paid adult)
- Half Time Routine (beginner, intermediate, advanced)

Last Name (one per household): _____

Participant #1 Name: _____ Age: _____ Grade: _____

Circle shirt size: Youth S, Youth M, Youth L, Adult S, Adult M, Adult L, Adult XL

Participant #2 Name: _____ Age: _____ Grade: _____

Circle shirt size: Youth S, Youth M, Youth L, Adult S, Adult M, Adult L, Adult XL

Participant #3 Name: _____ Age: _____ Grade: _____

Circle shirt size: Youth S, Youth M, Youth L, Adult S, Adult M, Adult L, Adult XL

Address: _____ Phone: _____

EMERGENCY CONTACT: _____ Phone: _____

PARENT SIGNATURE: _____ Date: _____

Referred By: _____

To participate please complete ALL information on sign up and release from district and submit along with payment to a THS Cheer Member or Coach or bring all forms to the clinic. For questions contact tracy.cheer.dance@gmail.com