



Hebron HS Silver Wings

Dance Clinic

Girls - Grades K-8

When: October 15, 2011 Dance Clinic / Showoff

Registration Check-in 8:00 - 8:30 am Gym Hallway

Dance Clinic 8:30 - 12:00 pm

Show-Offs for Family/Friends 11:30 - 12:00 pm

Wear t-shirt, shorts, tennis shoes/jazz shoes & long hair in a pony tail.
*Bring a **snack** to clinic*

Where: Hebron HS Dance Gym
4207 Plano Parkway
Carrollton, TX 75010

What: Dance Clinic
Each grade level will learn a routine from the Silver Wings.

Cost: \$25.00 includes a t-shirt

Please send **registration form** and a **check or money order**
payable to the **SWBC for \$25** on or before **September 29, 2011**
No Cash Please!

Mailing Address:

HHS Silver Wings Dance Clinic-Diane Craig
6505 W Park Blvd
Suite 306 Box 363
Plano, TX 75093

For questions, please contact
Diane Craig
silverwingsdiva@msn.com
Hebronsilverwings.org



**Hebron HS Silver Wings
Dance Clinic Registration/Permission Form
October 15, 2011**

Student's name: _____ **School/Grade:** _____

T-shirt size Circle One: Child Small Medium Large
 Adult Small Medium Large XL

Parent/Guardian Name: _____
 Parent/Guardian Signature: _____
 Address: _____
 City, State, Zip _____
 Email address: _____
 Home number: _____
 Cell number: _____
 Emergency Contact (print) _____
 Emergency Contact Phone _____

**For questions, please contact
 Diane Craig
silverwingsdiva@msn.com
Hebronsilverwings.org**

HHS Silver Wings Release of Liability

I give permission for my daughter to participate in the Hebron HS Silver Wings Dance Clinic on October 15, 2011. I agree to and understand that although precautions will be taken to ensure the safety of my child, any injury that may occur during the clinic is not the responsibility of HHS or the Silver Wings Booster Club.

Parent/Legal Guardian Signature: _____ Date: _____

HHS Silver Wings Photo Release

HHS Silver Wings is a community outreach program and may reproduce and publish photographs taken on October 15, 2011. I agree that my child's picture may be used in connection with articles concerning the dance clinic or with advertisement of future clinics.

Parent/Legal Guardian Signature: _____ Date: _____

In order for your child to receive a complimentary t-shirt
Please send registration form and a check or money order
 payable to the **SWBC** for \$25 on or before **September 29, 2011**

No Cash Please!
Mailing Address:
HHS Silver Wings Dance Clinic-Diane Craig
6505 W Park Blvd
Suite 306 Box 363
Plano, TX 75093

I was invited by **Silver Wings Team Member** _____