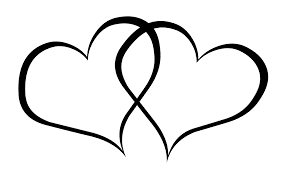
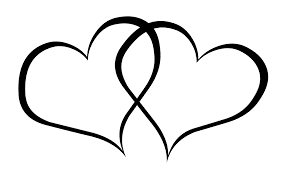
**Dancing with the Sweethearts**

Dance Clinic

**Clinic and Performance:**

The clinic will be held on **December 7th from 5:00-8:00pm** at Lakeview Centennial High School. They will eat pizza, cookies, and learn a fabulous halftime routine from the award winning Yankee Doodle Sweethearts. They will perform their halftime routine with the Sweethearts during the **December 10th** basketball game when the Lady Patriots take on Irving MacArthur High School! The girls will need to arrive, wearing their Sweetheart clinic t-shirt and black bottoms at 6:00pm, and sit in the stands with the Sweethearts until the halftime show. **All girls from   
Pre-Kindergarten (4 years and up) to 8th grade are invited to join us!**

**Registration Fee:**

$35.00 per person (includes dinner, performance t-shirt and 2 basketball tickets.) Checks can be made out to

**Sweetheart Booster Club** and can be mailed to:

**Ms. Mauldin-Sweethearts**

3505 Hayman Dr.

Garland, Texas 75043

You may also register online on **EVENTBRITE**. Search “DANCING WITH THE SWEETHEARTS”

Please contact Ms. Mauldin at Lsmauldi@garlandisd.net if you have any questions.

There will be a $25.00 fee for all returned checks. \*No refunds\*

**Payment and registration are due by *November 15th***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I prefer to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_

Parent’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent’s Cell Phone (\_\_\_\_\_\_) \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I give permission for a hospital or medical center staff to administer the necessary treatment immediately to my child in the event of injury or illness during the clinic at Lakeview Centennial HS. I agree to hold GISD and respective staff members harmless for any injury as a result of my child’s participation in this clinic.

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicines/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size: Child S M L or Adult S M L

Optional Parent Shirt:

Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL

($12.00) ($12.00) ($12.00) ($12.00) ($15.00) ($15.00)