

Marian Dance

Winter Clinic

Name: _____ Grade: _____

School: _____

Parent/Guardian Name: _____

Parent/Guardian Cell: _____ Home: _____

Parent Email: _____

Student T-Shirt Size: _____

Cost: **\$25**, please make checks payable to "Marian High School"

Registration form and payment must be received by **January 17** to guarantee your requested t-shirt/size. Students may still register in the morning on January 20, but are not guaranteed a t-shirt.

Drop off or mail registration to: Marian Dance Team, 1311 S. Logan St. Mishawaka, IN 46544

Students will return to Marian at 6:30pm and will meet in the BCAC next to the main gym. Students will receive free admission to the game, parents and family will need to pay \$5 admission at the door.

Students will perform at halftime and will be dismissed to their parent/guardian in the BCAC after their halftime performance.

Parent/Guardian Signature gives consent and releases liability for any injury incurred. Insurance is NOT provided during this clinic.

Parent/Guardian Signature: _____