



ANDREW HIGH SCHOOL FALL POM CLINIC

OPEN TO: Kindergarten-Fifth Graders
WHERE: Meet in the Dance Studio
WHEN: Saturday, October 7, 2017

K-2nd Graders

8:15 - 8:30am check in
8:30 - 8:45 warm-up
8:45 - 9:45 learn routine
9:45 - 9:55 break/snack
9:55 - 10:00 practice routine

3rd - 5th Graders

10:00 - 10:15am check in
10:15 - 10:30 warm-up
10:30-11:15 learn routine
11:15 - 11:25 break/snack
11:25 - 11:45 practice routine

Those who participate in the clinic will perform at the half-time of the **Friday October 13 Sophomore Football Game**. The game begins at 5:00pm. We will meet in the dance studio at 4:45 pm for a warm-up and short practice before the game. Parents and siblings will be admitted into the game at no charge. In the event that the game is cancelled due to weather, you will be notified via e-mail.

COST: \$28.00

Includes clinic, snack and juice, pre-game practice and a t-shirt (t-shirt is to be worn for performance at the game on Friday night).

QUESTIONS??:

Please contact Julie Mattix at Andrew High School
jmattix@d230.org

Cut along the line and return the bottom portion to:

**Julie Mattix
Andrew High School
9001 W. 171st St.
Tinley Park, IL 60477**

Please include cash or check made payable to Andrew High School

"This activity is not sponsored by Kirby School District 140, any of its schools, or groups officially associated with the District"

Your completed registration form and payment is due **on or before Friday September 15**. Your child is encouraged, but not required to perform at the Friday night football game. A refund will not be given if your child chooses not to perform at the game.

****Do not return this form to your home school****

Participant's Name _____

School _____ Grade _____

Phone number _____

e-mail address _____ (in the unlikely event that the game is cancelled due to inclement weather, an e-mail will be sent to share this information)

 **T-Shirt size** (please circle one): child medium child large adult small adult med. adult large XL

I give permission for my child to participate in the clinic and I understand that Andrew High School is not responsible for any injuries that may occur as a result of my child's participation in this clinic.

Parent Signature _____

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