

# Cavalier Dance Clinic

**WHEN:** Saturday, September 15, 2018  
**WHERE:** Clear Creek High School  
**TIME:** 10:00 AM – 2:00 PM  
**COST:** Pre-registration: \$45.00 – includes T-shirt  
**CHECK IN:** Begins at 9:30 (Dance Room)  
**EMAIL:** [creekcavaliers@gmail.com](mailto:creekcavaliers@gmail.com)  
(please email any questions)

**IMPORTANT NOTE:** Pre-registration ends Sept. 7th @ 2:30. Registration after Sept. 7th will be \$50.00. **There will be NO REFUNDS!**

**\*\*\*Bring a sack lunch \*\*\* Performance for Parents at 2:00\*\*\***

**Come learn all about the Cavalier organization!!!!**

**Perform during pregame ceremony of the football game  
Saturday, September 15, 2018 (same day at Challenger Stadium)**

**NEITHER THIS ORGANIZATION NOR THIS EVENT IS SPONSORED, ENDORSED OR OTHERWISE  
AFFILIATED WITH CLEAR CREEK ISD.**

Detach Here

Detach Here

## CAVALIERS DANCE CLINIC

Detach and mail this form with a check made payable to *Clear Creek High School* for: \$45.00 if received by September 7th @ 2:30 ----- \$50.00 if received after September 7th

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMERGENCY CONTACT NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

My Daughter/Son, \_\_\_\_\_ has my permission to attend the Saturday, September 15, 2018, CCC Dance Clinic to be held at Clear Creek High School. I understand the school, the Cavalier sponsors, nor will the CCC Booster Club be held responsible for any accident or injury which may occur at this clinic. I do give authority for any emergency treatment necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

T-Shirt Size (Circle One): CS CM CL AS AM AL

Make Check Payable to: **CCHS** – Mail to: Clear Creek Cavalier Booster Club  
P.O. Box 486, League City, TX 77574 or drop registration form by CCHS front office