

PRAIRIE DANCE TEAM CLINIC

Questions- Contact

Tasha Kauten

nkauten@prairiepride.org

Briana Havel

briana.havel@gmail.com

Sarah Havel

havels@uni.edu

Lindsay Wray

lwray@hotmail.com



Learn a dance routine and dance skills with
the Prairie Dance Team!
Perform at the annual PDT Dance Showcase
on **Saturday, March 1st**!

CLINIC DAYS: Wednesday, February 26th and Thursday, February 27th from
4:00pm-5:45pm at **Prairie Ridge Elementary School.**

Clinic participants will learn a one-minute routine and learn dance technique/skills, have a snack, and play some fun dance games! The dance team members will teach a routine and dance skills determined by grade levels for students in **Kindergarten, 1st Grade, 2nd Grade, 3rd Grade, 4th Grade, 5th Grade, 6th Grade**

TRANSPORTATION: Dance team members will pick-up your child from his/her school and escort them to Ridge.

Crest, View - Meet in the gym and dance team members will walk you over to Ridge.

Ridge - Meet dance team members in the gym.

Heights - Meet in the cafeteria and we will provide a shuttle over to Ridge.

*****It is the responsibility of the parent/guardian to either send a note or contact your child's school the day of their clinic to let their building know they will be attending the clinic after school.**

Please arrange pick-up transportation for your dancer at **5:45pm** from Ridge. All participants will be inside the gym. Please look for the grade level signs located on the walls. Please check with the dance team member at your child's grade level sign to check-out your son/daughter on both clinic nights. This is for safety of all participants. We will only be able to release participants to the person that is listed on the registration forms.

COST \$30 per participant, make check payable to Prairie Dance Team
(cost includes: T-shirt, 2 days of clinic, snack, and admission into the Dance Showcase)
***T-SHIRTS WILL BE PASSED OUT ON WEDNESDAY, FEBRUARY 26TH AT THE CLINIC!**

PICTURES: Your child will have the opportunity to have their picture taken in a Prairie Dance Team uniform. **Please fill out the attached form and return it with your registration form. Separate check required for pictures. Make your check payable to: Read Photography and staple it to the Read Photo form.**

4th Annual Prairie Dance Team Showcase Saturday, March 1st 6:30pm
Prairie High School Gymnasium

Prairie Dance Team Showcase is a show that is put on by the Prairie Dance Team and Prairie All-Stars Dance Club. Clinic dances will take place throughout the show as well as a finale routine that will be performed at the end by **all participants!**

Admission: \$4.00 and \$2.00 for ages 4 and up. Prairie Booster Club's Concession Stands will be available. **Pre-payment at a discount rate is available for purchase prior to event. See registration form

Attire: Prairie Clinic Performance Shirt, black loose pants, tennis shoes, or dance shoes if you have them will be acceptable.

All participants will sit with their parents in the stands until it is your child's turn.

Please keep your child with you in the stands. Audience etiquette is important to remember.

1. While a performance is taking place please remain seated. Wait for a transition moment to enter or exit the gym.
2. Keep all cell phones and ringers on silent.
3. Be respectful to all performers!
4. Clap and cheer loud for all performers! Be excited! They have worked so hard let them hear you!

**Current 2nd-5th Graders Stop by the Prairie All-Star Table and learn more about the Prairie All-Stars Dance Club for 3rd-8th graders for the 2014-2015 dance season!

**Dance Team Posters and other apparel will be on sale at the show!

REGISTRATION FORM

Forms and payments are due back to your child's schools office no later than Wednesday, February 19th.

PLEASE COMPLETE EACH LINE IN THE BOX LEGIABLE, THANK YOU:

CHILD'S NAME: _____

SCHOOL (CIRCLE ONE)

VIEW RIDGE HEIGHTS CREST CREEK

TEACHER: _____

SHIRT SIZE (CIRCLE ONE): YS YM YL AS AM AL

PARENT/GUARDIAN NAME: _____

PHONE NUMBER: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

ALLERGIES/CONCERNS: _____

WHO WILL BE PICKING UP YOUR CHILD AT CLINIC:

WEDNESDAY _____

THURSDAY _____

MEDICAL RELEASE FORM (MUST BE SIGNED):

I, the undersigned parent or guardian, do hereby grant permission for my child, whose name is and here is after shall be referred to as a "participant," to participate in the dance team clinic. In order that participant may receive necessary medical treatment in the event of injury or illness, I hereby hold the Clinic Directors and its representatives harmless in the exercise of the authority. I further acknowledge and understand and agree that in taking part in this clinic possibility of physical illness or injury (minimal, serious, or catastrophic) and the participant is assuming the risk of such injury by participating. I further agree to hold harmless the College Community School District, including its directors, officers, staff, volunteers and employees of the College Community, which conduct the clinic, for illness or injury incurred by participant during the course of the clinic.

Parent/Guardian Signature: _____ Date: _____

Prairie Dance Team Show Tickets(enter number needed): *discounted tickets

_____ Adults \$3.00

_____ Student (K-12th) \$1.00

_____ Varsity Dance Team Poster \$2.00

Total enclosed: \$_____ (checks made out to: Prairie Dance Team)

VOLUNTEERS NEEDED: Please check a day that you can help us out! Come at the same time as your child!

_____ Wednesday

_____ Thursday

_____ Saturday

READ PHOTOGRAPHY

www.readphotography.com

Prairie Dance Team Clinic

Name: _____

School (circle one):

VIEW CREST RIDGE HEIGHTS CREEK

MAKE CHECKS PAYABLE TO READ PHOTOGRAPHY. Payment included with this form.
Thank you!

Package 1 \$10.00
2- 5 X 7
4 Wallets

Package 2 \$15.00
1- 8 X 10
8- Wallets

Package 3 \$20.00
1- 8 X 10
2- 5 X 7
8- Wallets

Ala Carte

			<u>Quantity</u>	<u>Total</u>
1- 8 X 10 Individual	\$10.00	X	_____ =	\$ _____
2- 5 X 7 Individual	\$10.00	X	_____ =	\$ _____
2- 4 X 5 Individual	\$ 6.00	X	_____ =	\$ _____
8- Wallets	\$10.00	X	_____ =	\$ _____
1- 3" Button	\$ 6.00	X	_____ =	\$ _____
			TOTAL ENCLOSED	\$ _____

DEADLINE: FORMS AND PAYMENTS ARE DUE TO YOUR CHILD'S OFFICE BY
WEDNESDAY, FEBRUARY 19TH.