



**Tompkins High School**  
**CRIMSON CAVALETTES**  
*Proudly Present Their Annual*  
**Fall DANCE CLINIC**



**Join the Crimson Cavalettes for their Annual Spring Dance Clinic on Saturday, November 4, 2017.**

Age 4 through 9<sup>th</sup> grade. No dance experience required. All levels welcome!

**DATE:** Saturday, November 4, 2017

**TIME:** 8:30 a.m. – 12:00 p.m. On-site registration begins at 8:00 a.m.  
 Showcase performance for parents is at 11:30 a.m. in the Performing Arts Center (PAC)

**LOCATION:** Tompkins High School 9<sup>th</sup> Grade Center (Corner of Falcon Landing and Gaston)  
 4400 Falcon Landing Blvd., Katy, TX 77494

**COST:** \$45.00 Pre-Registration\*  
 This includes a Crimson Cavalettes Dance Clinic T-shirt, a midmorning snack, and a bottled water.  
*\*Registration and payment must be received NO LATER THAN October 20, 2017 for pre-registration discount and guaranteed t-shirt.*  
 \$50.00 at the door for on-site registration  
 There will also be an opportunity to take a photo with a Cavalette for \$5.00

**ATTIRE:** Come dressed to dance in comfortable shorts or leotards with tennis shoes or soft soled dance shoes

**For additional information: email Mrs. Fortenberry at [RosemarySFortenberry@katyisd.org](mailto:RosemarySFortenberry@katyisd.org)**

**Complete (please print), detach, and mail this form with a check payable to OTHS Crimson Cavalettes to:**

**OTHS Crimson Cavalettes – Dance Clinic, 4400 Falcon Landing Blvd., Katy, TX 77494**

Dancer's Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: CS CM CL CXL AS AM AL AXL  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Photo? (\$5) yes no  
 Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

My child \_\_\_\_\_, has permission to participate in the dance clinic sponsored by the Tompkins Crimson Cavalettes on Saturday, November 4, 2017. I hereby waive and release Tompkins High School, Crimson Cavalettes and Booster Club from all liability for any injuries incurred during the clinic and give authority for any emergency treatment necessary. Neither this organization nor this event is sponsored, endorsed or otherwise affiliated with Katy ISD.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Crimson Cavalette who gave you the clinic information: \_\_\_\_\_  
 Payment: Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ (please put dancer's name on MEMO)  
 There will be no refunds given for no show participants.



## Crimson Cavalette Sidekick Registration

Sidekick's Name \_\_\_\_\_ Grade Level \_\_\_\_\_

School Sidekick Attends \_\_\_\_\_

Parents Name \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

- Name of Cavalette your Sidekick requests to sit with: \_\_\_\_\_  
\*Please note, there will only be 2 Sidekicks per Cavalette. It is on a first come basis, after that you will be assigned a Cavalette to sit with.
- Sidekick Shirt Size: (Please circle)      **YM**              **YL**              **AS**
- Add a crimson and navy hair bow for \$5.00: (Please circle)              **Yes**              **No**
- My Sidekick will be available to attend a 4:30 Meet and Greet on Wednesday, October 25, in the OTHS Dance Gym: (Please circle)      **Yes**              **No**
- The Crimson Cavalettes have permission to use any photographs of the above child for publication in community releases, Cavalette video, on our website, or social media: (Please circle)      **Yes**              **No**
- Name of parent picking up your Sidekick after halftime: \_\_\_\_\_

I understand and give permission for \_\_\_\_\_ to be a Cavalette Sidekick on Friday, October 27, 2017 at the OTHS Football Game at Legacy Stadium. In case of injury, I grant permission for the Crimson Cavalette Booster Club to administer first aid and/or medical attention. I release and hold harmless KISD, its employees, the Crimson Cavalettes and their Booster Club from any liability for any injuries that might occur.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please make checks payable to: **CCBC - \$40 (registration) or \$45 (registration + hair bow)**

OTHS CCBC Use Only: Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date Received \_\_\_\_\_

For more information contact us at [info@crimsoncavalettes.org](mailto:info@crimsoncavalettes.org).  
Thank you for your support and we look forward to seeing you at the game!!!