

Little Miss Cougar Star Dance Clinic

www.crhscougarstars.org

Stars Director: Samantha Cockerham
Assistant Stars Director: Holly Trotchie



Camp: Friday, November 2 from 4:30-8:00 PM
Cinco Ranch High School, Dance Gym

Performance: Saturday, November 3 at 10:00 AM. Please arrive at 9:30AM.
Legacy Stadium: CRHS vs. Tompkins Halftime

Cost: \$50.00 if postmarked by October 19th
No refunds after October 19, 2018
Late Registration: \$60.00
On-site, November 2, 4:00 - 4:30 PM

Cost includes:
• Clinic
• T-Shirt
• Pizza dinner
• Dancer admission to football game

**Come have fun,
build confidence
& dance with the
Cougar Stars at our
Fall dance clinic!**

Registration: Mail form and payment to:

Cougar Stars Dance Clinic
Attn: Kristy Kappel-Cougar Star Treasurer
2135 Morning Park Drive
Katy, TX 77494

Make checks payable to:
CRHS DTBC

- ★ Victory lines at Pre-Game and sit with the Stars until after halftime performance
- ★ Dinner provided at clinic
- ★ T-Shirt provided for all participants

Contacts: SamanthaECockerham@katyisd.org

What to wear: T-shirts and shorts, leotard and tights, or anything comfortable for dancing. Please wear tennis shoes or jazz shoes.

Please note: Camp T-Shirt MUST be worn for admission to football game and pre-game performance.

**Our clinic is open to
anyone ages 4 - 13**

Participant: _____ Age: _____ T-Shirt size: YS YM YL AS AM AL AXL
Food allergies: _____ School: _____ Grade (2018-2019): _____
Parent name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Email: _____
Payment: Cash: \$ _____ Check #: _____ Check Amount: \$ _____
Please include participant name on check memo

I, the undersigned, being the individual parent, or legally authorized guardian of _____ agree to hold Katy ISD, its Board of Trustees, Administration, Faculty, the CRHS Cougar Stars Dance Team Booster Club and/or its volunteers harmless from all liability for any injuries which my child may receive while participating in the Cougar Stars Summer Dance Clinic or facilities. I authorize the Director, supervisor, or district employee to secure medical services for my child and I accept responsibility for all cost.

Photography waiver: By authorizing participation in this clinic, you are permitting your child's picture to be taken for the sole purpose of publicity including but not limited to the Cinco Ranch High School Dance Team's website, promotional flyers, posters, ads, mailers, and/or banners.

Parent signature: _____ Date: _____

Sponsored by:



Cougar Star recruiter: _____