

National Champion



Cordially invites you to attend our 6th annual

DANCE CLINIC

Saturday, September 26, 2009

8:00am – 4 pm

SPECIAL FOOTBALL GAME APPEARANCE

Friday, October 2, 7 pm

Westview High School Dance Room/ Gymnasium

Register before September 15th: \$70/ student
(10% Discount for Enrolled Siblings)

This instructional and energetic one day dance clinic is open to dancers aged 7 and up.
Registration forms can be obtained from your Dance Studio or downloaded from the Westview
Dance Troupe Web page:

(<http://powayusd.sdcoc.k12.ca.us/pusdwhs/Dance/boostersfundraising.htm>).

For further information, please contact

Shannon Parker (858) 674-9725; shparker@powayusd.com

Mona Lafleur (858) 354-2959; monalee3353@aol.com

Westview Dance Clinic

What: One dance clinic taught by the “*Westview Dance Troupe*”
(Performance on October 2nd Halftime of the Westview Home Varsity
Football Game, 7:00pm)

Who: Children ages 7 and up.

When: September 26, 2009 8:00am – 4 pm

Where: Westview High School Dance Room / Gymnasium

Cost: \$70 student (10% Discount for additional siblings)
Includes lunch snacks, performance and t-shirt.

Dance genres offered: Ballet, jazz, tap, hip hop, technique and choreography.

Dress Code: No Skirts or jeans. Wear comfortable clothing that will allow movement and meets the Westview dress standards (no bare stomachs or strapless tops). Recommended: Shorts and T-shirt or a leotard.

Shoes: Dance shoes are suggested, but not mandatory. Tennis shoes are OK. Flip flops or bare feet are NOT permitted.

Contact: Shannon Parker (858) 674-9725

TENTATIVE SCHEDULE:

Time	September 26, 2009
8:00	Dancers arrive/stretching
8:20	Technique/ballet
8:40	Across-the-Floors
9:00	Show Routine
10:00	Show Routine
11:00	Lunch
11:30	A Routine
12:30	Drill Downs
1:00	B routine
2:00	Practice on Track
3:00	Review A & B routines/Optional Classes
3:30	Awards and Performance

*Potential option classes: Ballet, choreography, hip hop, jazz, lyrical, pom/cheer, stretch/strength, tap, technique, turns and jumps.

Westview Dance Clinic Registration Form

September 26, 2009

Please print clearly in ink

Last Name	First Name/Middle Initial	Male/Female
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Street Address	City	Zip Code
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Phone (Home/Cell/Work)	Date of Birth	School
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E-mail address	Parent Name(s)
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Referred by: _____

Shirt Size: Child _____ Small _____ Med _____ Large _____
 Adult _____ Small _____ Med _____ Large _____

NOTE: The dance clinic fee does NOT include transportation. Please make arrangements in providing transportation to and from Westview on both days.

List ALL MEDICAL PROBLEMS (e.g. diabetes, asthma, seizures, allergies, etc.....). Please be specific:

Please mail your completed registration form, medical wavier and payment fees c/o Shannon Parker, 11612 Caminito Corriente, SD, CA 92128. Please submit separate registration and medical wavier forms for each child you are enrolling. For your convenience, you may submit all forms together with a single check. Checks should be made payable to Westview.

First child attending:		Total Due
		\$ 70.00
# of Additional Children _____	X \$63.00 =	+ _____
Total Fees:		\$ _____

Internal Use Only: Check # _____
 Initials _____ Dancer _____