

# KIDS DANCE CLINIC 2024

## Strong Like Luisa and Moana

**Event Date - October 18th / Registration Due - October 1st**



**Encanto's - Surface Pressure / Moana's - How Far I'll Go**

GET READY! It's time for the AHS DANCE TEAM KIDS CLINIC!  
Perform for sidelines before the game and at halftime of an AHS Varsity Football game!

**When:** Friday, October 18th, 2024 (4:15pm - until Halftime ... sidelines approx... 6:30 pm. game starts at 7:00 with halftime performance approx. 7:25)

**Where:** Ashwaubenon High School **OLD** Commons by the Main Office / Small (Old) Gym

**Who:** Students grades 4K-5

**Cost:** \$50.00 - Includes dancing with pom-poms, a t-shirt, pizza, beverage, snack, & admission to game for the participant.

\*\*\*ONLY the participants registered by **October 1st** will be guaranteed a T-Shirt as we need to order them by that date.\*\*\*

**Dress:** Participants are encouraged to wear leggings or comfy pants and tennis shoes. They will wear the t-shirt provided to the performance on the football field. Feel free to accessorize with anything **ORANGE / LIGHT BLUE / White** to fit the color scheme!

**Registration Due Date:** **Tuesday OCTOBER 1st** (Guarantees a T-Shirt)



Check in will begin at **4:15pm**. Participants will learn sideline dances and a halftime routine taught by the **Varsity and Middle School Dance Teams**. All proud parents/families are encouraged to purchase a game ticket and come watch the performance.

Please pick up your child in the **SMALL (OLD) GYM** after the halftime performance. They will receive a photo prior to leaving. **DON'T FORGET TO PICK IT UP**

INVITE ANY RELATIVES OR FRIENDS TO PARTICIPATE WITH YOUR CHILD AND EXPERIENCE THE FUN!

\*Questions??? Contact Kristen Ambrose: [Kambrose822@gmail.com](mailto:Kambrose822@gmail.com) or 920-471-8448

\*Mail your \$50.00 check (payable to: Ashwaubenon High School) and completed form to:

**Ashwaubenon High School / Attn: Dance Team / 2391 S Ridge Rd / Green Bay, WI 54304**

Cut and send form below

AHS Dance Team Kids' Clinic (AHS, Attn: Dance Team, 2391 S Ridge Rd, Green Bay, WI 54304) (Please Print)

Participant(s):

Name _____	Name: _____
Grade _____ School _____	Grade _____ School _____
Sweatshirt size: Youth S / Youth M / Youth L / Youth XL / S / M / L / XL	Sweatshirt size: Youth S / Youth M / Youth L / Youth XL / S / M / L / XL
Food Allergies: _____	Food Allergies: _____
Medical Concerns: _____	Medical Concerns: _____
Parent/Guardian Name: _____	Parent/Guardian Name: _____
Phone (in case of emergency) _____	Phone (in case of emergency) _____
E-Mail Address: _____	E-Mail Address: _____

\* I hereby hold harmless all organizers, instructors, participants, and others associated with this event in case of an accident or injury and permit the release of any photos for promotional reasons:

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

# T-SHIRT DESIGN:

