

ALAMO HEIGHTS HIGH SCHOOL

CHEER CLINIC

SATURDAY, OCTOBER 21st, 2017

AHHS MULEDOME

PRE K - 8th GRADE



Lil' Caledonia

CHILD'S NAME: _____

GRADE: _____ SCHOOL: _____

PARENT NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

SCHEDULE

8:30 - 9:00 **CHECK-IN**
9:00 - 11:30 **CLINIC**
11:30 - 12:00 **SHOW OFF**

PAYMENT OPTIONS:

— VENMO @ALAMOHEIGHTSCHEER AND EMAIL COMPLETED FORM TO
AHCHEERCLINIC@GMAIL.COM

— MAIL COMPLETED FORM AND CHECK (MEMO CHEER) TO:

JENNYAUSTIN 117 CARDINAL AVE 78209

— DROP OFF AT HOWARD, WOODRIDGE, CAMBRIDGE, OR AJHS IN FRONT OFFICE
PAYMENT MUST BE ACCOMPANIED BY REGISTRATION FORM

	QTY	COST	TOTAL
PRE-REGISTRATION FEE (ENDS 10/16 TO GUARANTEE T-SHIRT)		\$35	
REGISTRATION FEE (10/16 - 10/21)		\$40	
AH BOW		\$10	
AH HEADBAND		\$10	
TOTAL AMOUNT DUE			

CIRCLE T-SHIRT SIZE:
YS 6-8 YM 10-12
YL 14-16
ADULT S ADULT M

In case of emergency, please allow my child to receive attention from:

Physician: _____ **Phone:** _____

I will not hold Alamo Heights ISD or its employees/volunteers liable for accidents or injury which may occur while my child is participating in this activity. Please note that pictures taken during event may be used for advertising/promotion of Alamo Heights Cheer program and/or Cheer Clinics.

KNOWN ALLERGIES: _____

Parent/Guardian Signature: _____