



BARTLETT HIGH SCHOOL VARSITY DANCE TEAM

Presents

YOUTH DANCE WORKSHOP For Grades 1 – 8 October 21, 2017 Bartlett High School



We invite all 1st through 8th graders to join us for a day of dance and fun! Attendees will be grouped by grade level and taught an age-appropriate dance in the morning. They will then enjoy a lunch of a hot dog, chips and a beverage. After lunch, the dancers will practice their routines and perform them for family and friends at the end of the workshop. (Bring your camera.) Special note for 7th & 8th Graders: This is a perfect opportunity to experience firsthand what Dance Team is all about in H.S. This group will also perform their dance with the entire BHS Varsity Dance Team. We are proud to say that most of our past participants made the Bartlett, South Elgin and Saint Francis Dance Teams!

Cost: \$35/dancer (price includes lunch and a t-shirt.) Check-in: 9:30 a.m. Workshop Begins: 10:00 a.m. Must wear appropriate dance shoes or gym shoes. Performance Begins: 1:15 p.m. (BHS Gymnasium, Families are welcome!) Gently used dance attire will be available for purchase.

Complete this form and return with a check for \$35 made payable to BHS Boosters and mail or drop off to: Kristie Bruneman, 224 Wilcox Dr., Bartlett, IL 60103.

In order to be guaranteed a t-shirt, your completed form and payment must be received by Thursday, October 12. Late registrations or walk-ins are accepted but may not receive a t-shirt. All payments are non-refundable. For questions, email Kristie Bruneman at Kristie.Bruneman@albertsons.com or visit our website at: https://sites.google.com/site/bartletthighschoolcanceteam/home

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Parent E-mail Address (to receive confirmation): \_\_\_\_\_

T-shirt Size (circle one): Youth S (6-8) Youth M (10/12) Youth L (14/16) Adult S Adult M Adult L

My child, \_\_\_\_\_, has permission to attend the October 21, 2017 Dance workshop at Bartlett High School. I understand that BHS Dance Team will not be held liable for any injuries incurred during the session and give the chaperones permission to seek medical treatment for my child if necessary. I give permission to have my child photographed during this workshop for publicity purposes such as slide shows and local newspaper coverage. \_\_\_\_\_ yes \_\_\_ no

List any allergies, medical conditions or special dietary needs: \_\_\_\_\_ Phone number on day of workshop if we need to contact you: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_