

Clinic Date: Friday, January 31st

Clinic Time: 3:30-5:30pm

Ages: All ages through 6th grade

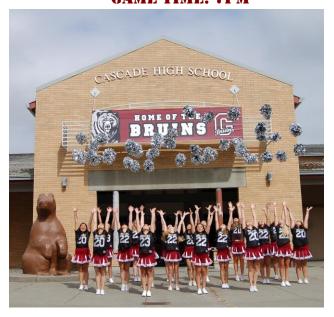
Location: Cascade High School Gym/Wrestling Room

801 E. Casino Rd. Everett, WA 98203

Cost: \$10 per child

Registration at the door begins at 3:30pm





All Participants may attend the game for free with paying adult and perform with the Cheerleaders at the Home Basketball game the same night!

Join the CHS Cheer Squad as they teach cheers and a dance!

Pre-Register by mail to:
Cheer Clinic, C/O Cascade High School
ATTN: Trish Roberts
801 E. Casino Rd. Everett, WA 98203
Or register at the door, Friday, January 31st

Thank you for your participation! Any questions, please contact Trish Roberts at troberts@everettsd.org

School sponsored by the CHS	Grade Cheerleaders. The participants wil I agree to hold the Everett School	l be taught cheers and a	re invited to perform with the
harmless if any injury occurs. (designated below). I agree to	I have notified directors of the clin allow the participants to be photom providing the name and phone	ic of ANY FOOD ALLERG ographed for possible rep	IES the participant has production for publicity or
reached during the clinic hou Must be filled out entirely.	rs for above named participant.		
Contact Name:	Contact Phone #	\$\$	Amount Enclosed
Food Allergies: No Yes	If Yes, What food Allergies		
Email Address:	Authorized Parent/Guardian Signature:		