

Arapahoe High School Cheers

proudly presents the

2017 Mini & Junior CHEER CLINIC

Clinic: Saturday, September 16

Check-in: 8:00 - 8:30 a.m.
 Clinic: 8:30 - 11:00 a.m.
 Pick Up: 11:00 a.m.

Performance: Saturday, September 16

Arapahoe vs. Cherry Creek

Varsity Game at Littleton Public School Stadium:
 501, 699 E. Littleton Blvd., Littleton 80121
 Check-In: 12:30-1:00 p.m. (at LPS stadium)

Performance at Half Time

Parent picks up child immediately after
 half time performance



Cost: \$50

Includes short sleeved t-shirt, **SLING BACKPACK**, two hour clinic, snack, entrance to the varsity game for 1 parent/adult and child participant(s) and supervision until halftime!

Ages for Clinic/Performance is K-8th grade. A special routine will be taught to our Junior Cheers in grades 6-8!!

Arapahoe High School
 2201 E. Dry Creek Road

Clinic to be held in the main gym & auxiliary gym.
 Check-in for clinic at EVENT ENTRANCE on the west side of the school.

Premier Spirit Package

- Includes shorts, hair bow and 2 pom-poms for only \$28

Spirit Package

- Includes hair bow and 2 pom-poms for only \$10

(Add'l) Short Sleeved t-shirt size: \$15

- Youth S (4-6)
- Youth M (6-8)
- Youth L (10-12)
- Youth XL (14-16)
- Adult Small

(Add'l) Black Shorts with Mini-Cheer Logo: \$15

- Youth S (4-6)
- Youth M (6-8)
- Youth L (10-12)
- Youth XL (14-16)
- Adult Small

(Add'l) Black Leggings w/Mini-Cheer Logo: \$20

- Youth S (4-6)
- Youth M (6-8)
- Youth L (10-12)
- Youth XL (14-16)
- Adult Small

Total due including \$50 registration and optional spirit wear: \$_____

To register, email this **COMPLETED** form to: ahsminicheers@gmail.com
 Then send your check payment to the address below. Or, you may mail this completed form along with a check made payable to **AHS Cheers Booster Club** (please put your child's name in the memo field) and send to:
AHS Mini Cheers, % Diana Goldy, 12525 Swansea Drive, Parker, CO 80134
 Questions? Email ahsminicheers@gmail.com
REGISTRATION DEADLINE is Monday September 4, 2017

Participant's Name _____ Parent's Name _____

Address _____ City _____ Zip _____

Home Number _____ Emergency Number _____ Email Address _____

School Attending _____ Grade _____

Indicate Free Clinic Shirt Size (see sizes on left): _____

I give my permission for my child to participate in the Mini-Cheers Clinic. I will not hold AHS cheerleaders, Coaches or Staff responsible for any injuries.

Signature of Parent or Guardian _____ Date _____