



DAKOTA VARSITY CHEER TEAM 20TH ANNUAL CHEER CLINIC

CLINIC	DAKOTA FOOTBALL GAME vs. FORD II
October 10th & 11th, 2023 5:30PM-8:00PM Dakota 9th Grade Center Gym	October 13th, 2023 7:00PM GAMETIME Dakota Stadium

REGISTRATION FEE: \$50

Register by: October 2nd, 2023 (Non-refundable after October 4th, 2023)
Pink Poms will be available to purchase the web site for \$25.

- The Cheer Clinic is open to everyone in Grades PRE-K (age 4) – 8th.
- Instructors will consist of the Dakota Cheer Coaching Staff & Varsity Team
- Clinic will include: Warm-up, Cheer Skills, Basic Stunting & Tumbling, Sideline Chants and a Cool Down. We will also provide a snack and drink.
- Every pre-registered participant will receive a T-Shirt and entrance into the October 13th Varsity Football Game to cheer with the Varsity Cheer Team. Registration after October 2nd will not guarantee a "Clinic T-shirt".
- NOTE: Family & friends attending the game will be required to pay the athletic entrance fee into the game. All participants must be accompanied by an adult for this event.
- **Dakota Cheer Team and/or Coaches will not be responsible for supervision once the sideline performance is complete **
- REGISTER ON LINE: <https://chippewavalleyschools.ce.eleyo.com/>
- Payment can be made by VISA or MasterCard. Payment due at time of registration.
- Payment can be made in person OR mailed by completing and mailing the bottom of this form to: Chippewa Valley Schools, 19120 Cass Ave. Clinton Township, 48038
- Checks payable to: Chippewa Valley Schools. A \$20.00 fee will be assessed for all returned checks.

E-mail questions to: Michela Worthy, Dakota Head Varsity Cheer Coach at mworthy@cvs.k12.mi.us

2023 DAKOTA CHEER TEAM CLINIC

CLINICS: October 10th & 11th, 2023 | OCTOBER 13th – DAKOTA VARSITY FOOTBALL GAME –
SIDELINE CHEER REGISTRATION FEE - \$50.00 NON REFUNDABLE AFTER October 2nd, 2023
Cancellation fee of - \$25.00 Prior to October 4th, 2023

Name: _____ DOB: _____ Grade: _____
Address: _____ Phone #: _____
City: _____ Zip: _____ School: _____
Parent Name: _____ E-mail address _____
Check number: _____ Visa/MC _____ Exp date: _____
Signature _____