



Santa Fe High School Tribal Belles Youth Dance Camp



Date: Saturday, November 16, 2019

Time: 9:00am – 1:30pm

Santa Fe High School

16000 Hwy 6

Santa Fe, TX 77517

Cost: \$35 if you register on or before Monday, October 28, 2019

Ages: Kindergarten (age 5) through Grade 8 (age 14)

- ★ Registration fee is **\$35 if you pre-register (on/before October 28, 2019)** and goes up to \$40 after October 28, 2019. We will not be able to promise you a shirt if you register after October 28th. All t-shirts will be ordered in advance and we will only have a few extras.
- ★ Pizza and drinks will be provided for lunch.
- ★ Dance campers will learn a dance taught by the SFHS Tribal Belles. **The dance campers will perform at 1:30pm in the gym for friends and family. Please come watch your dancer perform at this time! Dancers will be dismissed immediately following the conclusion of the showoff.**
- ★ Please wear appropriate clothing for dance (tennis shoes or dance shoes, t-shirt, shorts/leggings).
- ★ To register, please return this registration form along with payment in an envelope to:

Santa Fe High School
ATTN: Ashley Hardage/Tribal Belles
16000 Hwy 6
Santa Fe, TX 77517

-OR-

Bring this registration form along with payment to Santa Fe High School on Monday, October 28th between 5pm-6:30pm

Please circle child's preferred t-shirt size: YXS YS YM YL AS AM AL

Dancer's Name: _____ Grade: _____

Parent/Guardian's Name: _____ Cell #: _____

Payment: (Check one) Check # _____ CASH _____ Amount enclosed: _____

- Please make checks payable to: SFHS Tribal Belles
- You may turn in payment and registration form into the front office at SFHS. Please have registration form and payment in an envelope with ATTN: Tribal Belles director; OR register on Oct. 28th at Santa Fe HS between 5pm-6:30pm

Liability release/medical permission for SFHS Tribal Belles Youth Dance Camp

_____ (child's name) has my permission to attend the Tribal Belles Youth Dance Camp. I release and absolve the sponsors, Tribal Belles Booster Club Members, Santa Fe ISD, and all employees of Santa Fe ISD from all responsibility related to this activity. I also give my permission for the sponsors to obtain any necessary medical aid for my child in case of an emergency, accident, and/or illness.

Parent/Guardian Signature _____ Date: _____

Emergency Name and Phone Number: _____

*Approved
9/11/19
AS*