



DAKOTA VARSITY CHEER TEAM 21st Annual Jr. Cheer Clinic

CLINIC	DAKOTA FOOTBALL GAME vs. Chippewa Valley
September 24 and 25 5:30PM-8:00PM Dakota 9th Grade Center Gym	September 27, 2024 7:00PM GAMETIME Dakota Stadium

REGISTRATION FEE: \$50

Register by: September 16 (Non-refundable after September 18, 2024)

- 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 September 27th Varsity Football Game to cheer with the Varsity Cheer Team. Registration after September 18 will not guarantee a “Clinic T-shirt”.
- Optional purchase – POM PONS available – pre ordered - \$30.00 per pair
- 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

2024 DAKOTA CHEER TEAM CLINIC

CLINICS: SEPTEMBER 24 & 25 – DAKOTA VARSITY FOOTBALL GAME – SIDELINE CHEER
REGISTRATION FEE - \$50.00 NON REFUNDABLE AFTER September 18, 2024
Cancellation fee of - \$25.00 Prior to September 20, 2024

Name: _____ DOB: _____ Grade: _____
 Shirt size – YS YM YL AS AM AL (Please circle size needed)
 Address: _____ Phone #: _____
 City: _____ Zip: _____ School: _____
 Parent Name: _____ E-mail address _____
 Check number: _____ Visa/MC _____ Exp date: _____
 Signature _____