

**2018 Razorback Twirlers Clinic
TIME: 8:00AM- 12:00PM
Saturday February 3, 2018
HPER GYMNASIUM 1
UNIVERSITY OF ARKANSAS CAMPUS**

**COST: \$55.00
Registration Form:**

Name: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT & PHONE: _____

EMAIL: _____ AGE: _____

Majorette: _____ Feature Twirler: _____ Competition: _____

I consider myself: Novice ___ Beginner ___ Intermediate ___ Advanced ___

I understand that the Razorback Twirlers, Directors, Instructors, Razorback Band, and the gymnasium will not be responsible for injuries, accidents, stolen, or lost property. In case of an emergency, my daughter/son may receive immediate first-aid attention from a licensed M.D. In case of an emergency, I will be notified at the number above.

Parents Signature: _____ DATE: _____

CLINIC T-SHIRTS:

SIZES

Child: Small ___ Medium ___ Large ___ Adult: Small ___ Medium ___ Large ___ XL ___

Make Payable To: **Razorback Twirlers**

NO Personal Checks Accepted, Money Orders And Certified Checks Only.

REGISTRATION DEADLINE JANUARY 15, 2018

MAIL REGISTRATON FORMS TO:

Cecely Clinkscales
4284 Cornwall St.
Springdale, AR 72762

For More Information please contact:
Ashley Moss at ashleyd.moss@gmail.com