



# Deer Escort Junior Clinic



Performance day includes:  
Deer Escort pre-game dance party and performing at  
DPHS Football Game on Friday, September 27<sup>th</sup>.

- When:** Saturday, September 21, 2019
- Where:** DPHS South Campus (Enter through doors by tennis courts)
- Time:** 3:00-5:00 pm  
(Registration begins at 2:30 PM and parent "Show-offs" at 4:45 PM; Auxiliary Gym)
- Cost:** \$35.00 - Includes- Clinic Shirt and Pregame Dance Party
- Ages:** Kindergarten — 5th Grade
- What to wear:** "Danceable" clothing, tennis shoes, hair in a ponytail

Complete the REGISTRATION FORM below and MAIL with PAYMENT\* to the following address:

Lisa Kelly**	Drop off at	Pay Online via PayPal
2206 Running Spring Drive	OR DPHS - South Campus	OR <a href="http://dphsdeerescorts.com">dphsdeerescorts.com</a>
Deer Park, Texas 77536	Attn: Laurie Boren	(surcharge of \$1.75)

\*Make checks payable to Deer Escorts. Please include TDL Number and child's full name in memo section.  
 \*\*Please direct any questions to [lkelly317@yahoo.com](mailto:lkelly317@yahoo.com)

### MARK YOUR CALENDAR

**Tuesday, September 24, 2019, 6:00 PM - 7:15 PM**  
**Practice for performance at Abshier Stadium.** AND  
 Please wear danceable clothing, tennis shoes  
**Ice Cream Social 7:15 pm - 7:45 pm**

**Friday, September 27, 2019**  
**Perform with the Deer Escorts\*\*\***  
 Please wear your favorite black leggings & pink bow, tennis shoes and hair in a ponytail. You will receive your Clinic Shirt on performance day.

\*\*\*Parents/family members must purchase game tickets at Athletic office in advance or at Abshier Stadium on game day. Dancers will not need a ticket.

DEER ESCORT BOUTIQUE will be selling pink tutus and pink bows on Clinic Day.  
DEER ESCORTS will also be selling raffle tickets for your child to have a chance to be selected to be a part of the Deer Escort Experience at the Homecoming Football Game on October 25, 2019

Join our Remind for updates and info: Text Phone Number- 81010; Type- @dejrc

Cut along dashed line and keep the top portion

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## DPHS Escort Jr Dance Clinic Registration Form (\*\*Please print\*\*)

Dancer's Name: \_\_\_\_\_

Grade \_\_\_\_\_ Performance Shirt Size (circle size): **YS YM YL AS AM AL**

In case of medical emergency, I hereby give permission for the staff of DPHS to seek medical treatment for my child and give permission to medical personnel to administer treatment if deemed necessary.

Parent/ Guardian Name Printed: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

Parent Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list any relevant medical conditions:

