

# Twirl-M's Thursday Night Winter Baton



Join the home national, regional and state champion individual twirlers and the 15-time national champion Twirl-M's for its 20<sup>th</sup> season of twirling in the Lakes Area. Whether you are brand new with no twirling experience, or a seasoned competitive twirler, the Twirl-M's has just the program for you!

Director: Rhonda Muscaro.  
 Learn more at [www.TwirlM.com](http://www.TwirlM.com).

Competition twirlers will meet to work on perfecting contest routines. Join in on both classes and receive a special price break!

## Twirl-M's Thursday Night Winter Baton

<b>Class #: W19913</b>	<b>Prerequisite: Memorized Solo Routine</b>
<b>Instructor: Twirl M's</b> Thursdays *See Below Fee: \$139	<b>Location: Banks Gym</b> 6:30-8:30 PM
Exact class dates: 1/17, 1/24, 1/31, 2/7, 2/14, 2/28, 3/7, 3/14, 3/21 No class on 2/21 – Mid-Winter Break	

To register: REGISTER ONLINE at <http://wlcsd.org/ourdistrict/community-education-programs/>. You may return the attached registration form and payment to Walled Lake Community Education, 850 Ladd Rd, Walled Lake, MI, 48390. You may also fax it to (248) 956-5005. Make all checks payable to Walled Lake Schools. Questions? Call (248) 956-5000. Photographs may be taken, please refer to the website or call for more information. Registration deadline is 7 days prior to class beginning. Visit us on the web at <http://wlcsd.org/ourdistrict/community-education-programs/> to view policies and class information.

CLASS #W19913 Twirl-M's Thursday Winter 2019 Fee: \$139

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

No. Street City Zip

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work/Emergency # \_\_\_\_\_

Emergency & Medical Information:  
 Any medical, psychological or other problems? \_\_\_\_\_  
 Name of emergency contact (not parents) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_  
 Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Hospital preferred for emergency treatment \_\_\_\_\_

Authorization to dispense medication must be on file with WLCE one week prior to camp beginning.

Release and Hold Harmless Authorization  
 I authorize Walled Lake Community Education to secure emergency medical and/or surgical treatment for \_\_\_\_\_ WHILE IN THEIR CARE. Non-emergency medical treatment or elective surgery is not in this authorization.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ AMOUNT: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_ PROCESSED BY INITIALS \_\_\_\_\_

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