



Twirl-M's Winter



Classes

Join the home national, regional and state champion individual twirlers and the 15-time national champion Twirl-M's for its 20th 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.

Rolls class will work on new rolls and current rolls for competition students, while ballet will focus on all baton bodywork needed for baton twirling and competition.

Monday Night Winter Baton Specialty Classes

No classes on 1/21 and 2/18.

Class #: W19907 Instructor: Twirl M's Monday, 1/14-3/18 Fee: \$82	Novice/Beg Comp. Rolls Location: Smart Aux Time: 6:00-6:30pm	Class #: W19910 Instructor: Twirl M' Monday, 1/14-3/18 Fee: \$72	Ballet—all Rec & Pre-Mini Location: Smart Aux Time: 6:30-7:00pm
Class #: W19908 Instructor: Twirl M's Monday, 1/14-3/18 Fee: \$82	Int./Adv Comp. Rolls Location: Smart Aux Time: 6:30-7:00pm	Class #: W19911 Instructor: Twirl M's Monday, 1/14-3/18 Fee: \$72	Ballet – for Jr. Team Location: Smart Aux Time: 7:00-7:30pm
Class #: W19909 Instructor: Twirl M's Monday, 1/14-3/18 Fee: \$72	Ballet for Baton – Team Location: Smart Aux Time: 6:00-6:30pm	Class #: W19912 Instructor: Twirl M's Monday, 1/14-3/18 Fee: 72	Ballet – for Mini Team Location: Smart Aux Time: 7:30-8:00pm

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 # _____ Twirl-M's Monday Winter Specialty 2019 Fee: \$ _____

Name: _____ Grade _____ DOB _____

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) _____ (hm) _____ (wk) _____

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 _____