



Twirl-M's Spring Classes



Monday Night Spring Baton Specialty Classes

Twirlers of all levels are invited to join in this four-week class designed to practice legwork and bodywork technique featuring ballet skills as applied to baton bodywork. No batons are needed. Strut shoes are preferred for this class but not required. Class dates are: 4/15 – 5/6/19 at Banks Middle School Gym.

Class #: S19907 Ballet/Bodywork *Junior Team/Team Class Strutters Instructor: Twirl M's Mondays, 4/15-5/6 Fee: \$39	Location: Banks - Gym 6:00-6:30pm	Class #: S19908 *Recreational Twirlers Instructor: Twirl M's Mondays, 4/15-5/6 Fee: \$39	Location: Banks - Gym 6:30-7:00pm
Class #: S19909 *Pre-Minnies/Mini Team Class Strutters Instructor: Twirl M's Mondays, 4/8-6/3 Fee: \$39		Location: Banks - Gym 7:00-7:30pm	

Twirl-M's ThursdayNight Spring Baton Class and Spring Break Camp

Thursday Night Spring Baton – Competition twirlers will meet to work on perfecting contest routines. Class #: S19911 Instructor: Twirl M's Thursdays, 4/11-5/30 (No Class 4/25) Fee: \$129	*Competition Twirlers Location: Banks - Gym 6:30-8:30pm	Spring Break Camp – Join Miss Rhonda for a morning of fun twirling as we learn new tricks and work on current routines. Class #: S19906 Instructor: Twirl M's Wednesday, 4/3 Fee: \$49	*Brand New – Competitive Twirlers Location: Banks - Gym 9:00am-Noon
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To register: REGISTER ONLINE at www.wlcsd.org/communityeducation.cfm. You may return the attached registration form and payment to Walled Lake Community Education, 850 Ladd Rd, Walled Lake, MI, 48390. 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 www.wlcsd.org/communityeducation.cfm to view policies and class information.

CLASS # _____ Twirl-M's Spring 2019 Fee: \$ _____

Name: _____ Grade _____ DOB _____

Address: _____
No. Street City Zip

Parent Name: _____ Email: _____

Phone #: _____ Work/Emergency # _____

Visa/MC # _____ Exp Date: _____

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 _____