

Twirl-M's Thursday Night and Fall Baton Clinics

Join the 14-time national champion Twirl-M's for its 19th 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



Class #: F18913 **NEW THIS FALL!**
Instructor: Twirl M's
Location: Banks
Time: 6:30 – 8:30 PM
Days: Thursdays, 9/20 – 11/8
Fee: \$164



Class #: F18914 **States Prep Clinic**
Instructor: Twirl M's
Location: TBD
Time: 9:00 AM – NOON
Date: Tuesday, 11/6
Fee: \$49
Pre-Req: memorized solo
Competition students are invited to work on routines before the MI States Contest.

Class #: F18915 **Miss Holiday Prep Clinic**
Instructor: Twirl M's
Location: TBD
Time: 6:30 – 8:30 PM
Date: Monday, 12/3
Fee: \$39
Mandatory for Pointe Holiday Show
Competition students are invited to work on solo, strut, modeling, interview and mult. baton routines.

To register: REGISTER ONLINE at <http://wlcsd.org/our-district/community-education-programs/>. 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 <http://wlcsd.org/our-district/community-education-programs/> to view policies and class information.

CLASS # _____ **Twirl-M's Thursday Fall 2018** **Fee: \$** _____
Name: _____ **DOB** _____ **Grade** _____ **Age** _____
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) _____ (home) _____ (work) _____
 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 _____