

RV Dance Team Clinic & Reach for the Stars Dance Show Performances

Who: Students K-8
When: Saturday, January 13th, 2018
Time: 1:45pm-5:00pm
Where: RVRHS Gym



**Parents must send in
registration form, permission slip, and money
by Wednesday, January 3th!**

Cost: **\$35** per student if received by January 4 or **\$40** for late registrations or walk-ins
– this includes a free t-shirt and one ticket per show
-Make checks payable to RVRHS
-Any bounced checks will result in a \$30 extra charge

Wear comfortable shorts, t-shirt, and sneakers with hair up in a ponytail.
There will be a snack time. **Bring money or a snack from home!**

**Your child will be performing the dances they learn
in the 2018 “Reach for the Stars” Dance Show
on Friday, Jan. 19th and Saturday, Jan. 20th!**

***We highly encourage your child to attend
dress rehearsal 6-7 pm on Wednesday, Jan. 17th!!***

Schedule: 1:45-2:00 – Registration
2:00-4:30 – Dance Clinic
4:30-5:00 – Showcase of all Dances

Please fill out attached form and return with payment to:
RVRHS
c/o April Wagner
520 Jacksonville Road
Mt. Holly, NJ 08060

If you have any questions, please call or e-mail
April Wagner at (609) 267-0830
Awagner@rvrhs.com

This is not a Mt. Holly, Eastampton, Hainesport, Westampton, or
Lumberton school sponsored event.

RV Dance Clinic Registration Form

Please return no later than Wednesday, January 3, 2018.

Participant Name: _____

Address: _____

Grade: _____

E-Mail: _____

T-Shirt Size (circle one): Large Child Small Adult Medium Adult Large Adult

Form 56-A

Rancocas Valley Regional High School
Mount Holly, New Jersey

Date _____

To: Rancocas Valley Regional High School

_____ has my permission to visit
(Student's Name)

_____ on **January 13, 2018** _____
(Destination) (Date)

under the supervision of _____ **Shannon Yesner/April Wagner** _____
(Teacher Supervising)

I am willing to assume absolute responsibility for my child's behavior and observance of safety rules while participating in the activity mentioned above. It is my understanding that school insurance applies.

In the event of an emergency, please contact _____
(Name)

at _____ / _____
(Emergency Telephone #) (Home Telephone #)

(Parent/Guardian Signature)