

Come Dance with the



Join us for a day of fun and learn a Pom, Hip-Hop or Advanced Dance routine to perform for family and friends at the end of the clinic!
No dance experience is required. All money raised will help our Bellaire Belles pay for uniforms, camps, and spring competitions.



Option 1:
Traditional Pom Dance Routine
For All Boys & Girls K-8th grade



Option 2:
Hip Hop Routine
for all Boys & Girls K-8th grade



Great chance to see what it takes to be a future Bellaire Belle!

Option 3:
Advanced Dance Routine
for all Boys & Girls 6th-12th grade

DATE: Saturday, October 16th, 2021

Where: Bellaire High School Gym at 5100 Maple St., Bellaire, TX 77401

Time: 9 am – 12 noon

9:00 Registration and check-in

Participants must wear t-shirt provided at registration

9:30 Warm Up

10:00 – 11:30 Dance Activities

11:30 Show-Off Performance for parents

12:00 Clinic Ends

Cost: \$40 in advance \$45 at the door and registrations received after deadline.

Includes: Belles Dance Clinic T-Shirt (not guaranteed for walk-ins), snack and certificate.

*Registration must be received no later than **Wednesday, October 6th** to be guaranteed a T-shirt*

Payment: Make checks payable to **BBBC** (Bellaire Belles Booster Club)

Mail completed form with payment to: Attn: Ms. Denman, Bellaire Belles Dance Team, 5100 Maple St., Bellaire, TX 77401

or register online with a credit card payment – fill out the registration form at <https://forms.gle/gDrXLck5nQcQ91DMA> and make a credit card payment at <https://bellairebelles.org/dance-clinic-2021/>

Wear mask, athletic clothes & tennis shoes comfortable for dancing. Bring a filled water bottle.

Questions? Contact: Bellairebelles@gmail.com

For more information about the Belles go to our website <http://www.bellairebelles.org/> or Facebook page @bellairebellesdanceteam

Please Print All Information Clearly.

Dancer Name: _____ Grade: _____ School: _____

Address: _____ Circle One: Pom-Pom Hip Hop Advanced Dance

T-Shirt Size: YXS YS YM YL AS AM AL

Parent Name: _____ Parent's Cell Phone #: _____

Email Address: _____ Referred by Belle name: _____

My child has my permission to participate in the dance clinic sponsored by the Bellaire Belles Dance Team and the Bellaire Belles Booster Club on Saturday, October 16, 2021. I hereby waive and release Bellaire High School, Bellaire Belles Dance Team and Bellaire Belles Booster Club from any liability for any injuries incurred during the clinic and give authority for any emergency treatment necessary.

Parent/Guardian Signature: _____