



# DEL ORO DANCE WORKSHOP + TRYOUT PREP CLINIC

Trying out for the Del Oro Dance Team?

Want to learn the skills needed for tryouts?

Not trying out? But want to see what Del Oro Dance classes are like?

Just want some exercise and a fun experience?

**SIGN UP FOR THE  
DO DANCE WORKSHOP/TRYOUT PREP CLINIC!**

**LEAD BY DO DANCE TEACHER AND COACH, MS. SPRINGFIELD**

## March 9th-11th

**3:30-5:00pm in the Bonner Gym Foyer**

## \$30

(Supports Del Oro Dance Team 2020-2021 season)

**\*Submit the bottom of this form with payment to Ms. Springfield or her box by the first day of clinic\***

**Or Mail to: Del Oro Dance, Attn: Springfield, 3301 Taylor Road, Loomis, CA 95650**

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Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_ Current School \_\_\_\_\_

Parent Name \_\_\_\_\_ Email \_\_\_\_\_

Payment: Total \$ \_\_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ (Checks can be made out to Del Oro Dance)

\*\*\*Please complete liability waiver on the back of this form\*\*\*

**Questions? Contact Coach Springfield [kspringfield@puhsd.k12.ca.us](mailto:kspringfield@puhsd.k12.ca.us)**

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I hereby authorize my child to participate in the Del Oro Dance Workshop. I agree to hold harmless the Del Oro staff, Del Oro High School, Placer Union High School District, its employees, students and volunteers from and against any and all liability for injury or damages which may result from participating in the camp. I also give my consent for the coaching staff to act as best fits the situation in case of an emergency if I or other emergency contact persons cannot be reached. I have read and understand this release form.

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_