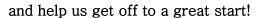


It's that time of year, football season.

Centennial Titan Cheerleaders are kicking off the season by putting their hands on their hips, smiles on their lips, spirit in their heart, so come join us

September 20, 2014





"Clinic Package"

Who: Kinder - 8th (boys & girls)

When: September 20, 2014

Where: Centennial High School

6901 Coit Rd., Frisco Tx 75035

Registration (Café) Clinic (Gym)

Time(s): 8:30 am - 9:50 am (Check in) 10:00 am - 1:30 pm (Clinic)

1:30 pm - 2:00 pm (Spirit pkg purchases / Parent Show Off / Top Titan Awards)

Date:

Cost: \$40 per participant (clinic t-shirt & lunch included)

Questions: Beverly Harmon - bbharmon@tx.rr.com Celeste Cavin - celeste.c@live.com

* * * PARENTS * * *

DON'T FORGET CAMERA'S AND VIDEO RECORDERS FOR SHOW OFF

"Spirit Package"

Cost: \$10 per package (cash)

(1) - Individual photo of participant

(1) - Team Photo of all participants w/CHS Titan Cheerleaders & Mascots

(1) - Titan Cheer Bow (wear w/t-shirt @ half-time performance **Sept. 24th**)

* * AVAILABE @ CLINIC / CASH ONLY / CAN NOT BE COMBINED WITH CLINIC PAYMENT * * *

"Pre - Registration"

Flyer available (under forms tab) @ bit.ly/CHS-Cheer

Deadline - September 17, 2014

Return registration form below to

Clinic Payment

Centennial High School c/o Laura Severding 6901 Coit Rd., Frisco TX 75035 (469) 633-5600 www.mypaymentsplus.com



"On Site - Registration"

"Bonus"
All participants are invited to perform at

the CHS JV game during halftime.

September 24, 2014

Location: Centennial High School

additional details distributed @ clinic

posted (under forms tab) @ bit.ly/CHS-Cheer

This is **NOT** encouraged due to the number of participants and the delays.

If necessary

CASH ONLY

accepted for payment.

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Participants Name:	Age:	_ Grade:	School:			
Parent's Name:	Emergency #: (1)(2)					
T-Shirt Size: YS YM YL AS (circle one)	Allergies: _					
LIABILITY RELEASE MUST BE SIGNED BY PARENT OR LE and I will abide by the rules, its affiliated organizations and sponsor accepting the registrant for its clinic and activities. I hereby releasemployees and associated personnel, including Frisco Independent Schoard, and all persons, natural or corporate in privity with them again cheer clinic. As the parent or legal guardian of the above named parameter of Medicine or Doctor of Dentistry. This care may be given us All information provided above is true to the best of my knowledge.	s. Recognizing the possise, discharge, and/or of chool District and/or CH st all claims by or on belarticipant, I hereby give	bility of physical injunction herwise indemnity, its Cheerleaders, its again alf of the registrant a consent for emergen	ary associated with cheer, and in consideration ts affiliated organizations and sponsors, their ents, students, volunteers, servants, employees, as a result of the registrant's participation in the cy medical care prescribed by a duly licensed			
Signature:	Dat	te:				