



# 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-8<sup>th</sup> grade



**Option 2:**  
**Hip Hop Routine**  
for all Boys & Girls K-8<sup>th</sup> grade



**Option 3:**  
**Advanced Dance Routine**  
for all Boys & Girls 6<sup>th</sup>-12<sup>th</sup> grade

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

**DATE:** Saturday, June 8th, 2024  
**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 **Friday, May 31<sup>st</sup>** to be guaranteed a T-shirt\*  
**Payment:** Make checks payable to **BBBC** (Bellaire Belles Booster Club)



**Mail completed form with payment to:** Attn: Ms. Leisha Kastner, 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/CYKh986UUiyAMoPW8> or scan the QR code and make a credit card payment at <https://bellairebelles.org/dance-clinic-2024/>

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

**Questions?** Contact: [Bellairebelles@gmail.com](mailto: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, June 8<sup>th</sup>, 2024. 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: \_\_\_\_\_