

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

Dance clinic

participants are

invited to a

home football

game (date

TBD) to dance

with the Belles in the stands.

Online

Registration

Form



☐ Option 2: **Hip Hop Routine**

for all Boys & Girls K-8th grade



☐ Option 3: **Advanced Dance Routine**

for all Boys & Girls 6th-12th grade

DATE: **Saturday, May 31, 2025**

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.

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

Registration must be received no later than Friday, May 23 to be guaranteed a T-shirt

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

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/jU9Ws61bVpZ5QKtV6 or scan the QR code and make a credit card payment at https://bellairebelles.org/dance-clinic/

Wear athletic clothes & tennis shoes comfortable for dancing. Bring a filled water bottle. Questions? Contact: danceclinic@bellairebelles.org

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

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Please Print All Information Clearly.						
Dancer Name:	Grade:	Sch	nool:			
Address:	Circle One:	Pom-Pom	Нір Нор	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 sponsore	ed by the Bellaire Belles Da	ance Team and	the Bellaire Be	lles Booster Club on		

Saturday, May 31, 2025. 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.

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Parent/Guardian Sig	znature:		