

CLINIC: Saturday, September 7th, 2019 8:00 am - 12:00 pm in the SMN Auxiliary Gym

PERFORMANCE:Friday, September 13th, 2019At the SMN Football Stadium6:00 pm - 7:30 pm (Game time: 7 pm)

SHAWNEE MISSION NORTH vs. Olathe North High School

The **Shawnee Mission North High School Cheerleaders** have enjoyed a proud tradition of spirit leadership for the Indians of Shawnee Mission North. It is with great pride and enthusiasm that the SMN Cheer Team are hosting their **Annual Little Indian Clinic.**

Clinic Information

Who: Girls & Boys Pre-K - 8th grade (must be potty trained)
What: Cheer Clinic - 9/07 8am-12pm
Check In: 7:45 am - 8:15 am
Clinic Performance Review: 11:45am - 12 pm (parents/guardians are welcome to come watch)

Your child will learn new skills, while experiencing first hand the rewards of becoming involved in a school-related activity. Cheerleader parents will be working our registration tables, and we will have qualified supervision on hand at our clinic. There will be one break scheduled during their time here, please be sure to pack additional snacks and a water bottle for your cheerleader!

Game Day Information

Who: Boys & Girls Pre-K - 8th grade that participated in the clinic
What: Pre-K - 4th grade will cheer Quarter 1 with the SMN Cheerleaders on the sidelines 5th-8th grade will cheer Quarter 1 & 2 with the SMN Cheerleaders and released at half

Check In: 5:45pm - SMN Field House *Participants will receive their t-shirt and 1 parent ticket at check in.

Cost: \$25.00

Payment options:

- Cash
- Money Order or checks Payable to Stephanie Anderson
- PayPal PayPal.me/smncheer

*REGISTRATION CLOSES AT 7:45 AM ON SATURDAY, SEPTEMBER 7TH!

Mail cash or money order to:SHAWNEE MISSION NORTH
Attn: Selena Barrera
7401 Johnson Drive
Overland Park, KS 66202

PARENTS/GUARDIANS Questions??? Email: <u>smncheerfundraising@gmail.com</u> **NEW** visit https://smnorthcheer.weebly.com/little-indian-clinic.html to register ONLINE!

****Please return this portion with your registration fee.****

CHEERLEADER REGISTRATION FORM	
NAME (last, first)	
AGEGRADESCHOOL	
HOME ADDRESS	(City) (Zip code)
HOME PHONE CELI	PHONE
PARENT NAME(S)	
PARENT EMAIL ADDRESS:	
EMERGENCY CONTACT PERSON	PHONE #
EMERGENCY CONTACT PERSON PHONE # (This person must be home/or with their cell phone during the clinic time IF the parent is not available)	
DOES YOUR CHILD HAVE ANY FOOD ALLERGIES, HEALTH PROBLEMS, OR PHYSICAL LIMITATIONS THAT WE SHOULD KNOW ABOUT? Yes No	
If yes, please explain:	
T-SHIRT SIZE (cheerleader size/additional t-shirts are \$10): <u>YOUTH:</u> Quantity	
YS (6-8)	
YM (10-12)	(Please choose size carefully!)
YL (14-16)	
ADULT: Quantity	
S	
M	
L	
XL	Total
(please provide quantity next to size) **Orders will be made from what is marked!!**	
PARENT SIGNATURE	DATE
PARENT SIGNATURE DATE ****\$25.00 REGISTRATION FEE ENCLOSED?****	
OFFICE USE ONLY: CASH (MONEY ORDER)	PAYPAL