



JOHN MARSHALL HIGH SCHOOL

STAR STEPPERS

DANCE CLINIC *with Football Half-time Performance*

\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$ \$25.00 per person \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$

SATURDAY, September 22nd, 2007

9:00 a.m. until 12:00 p.m.

Grades K-12

Registration begins at 8:30 a.m.

Cafeteria @ Marshall High School

Parent Show-Off at 12:00pm

Includes: T-Shirt, 2 fun dance routines, snack, Varsity Football Game half time performance with the Star Stepper Dance Team, Participant's game ticket to Marshall vs. Del Rio Game 7:00pm Sept. 22nd.

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To Speed up Your Registration Process and to ensure your t-shirt please, Mail in Registration Form and Registration Fee by 09-14-07

Make checks payable to JMHS

Mail to:

John Marshall HS
 8000 Lobo Lane
 San Antonio, TX 78240

Attn: Julie Gardner-Shore

For additional information call the
 John Marshall Spirit Office
 210-397-7202

Participant's Name _____ Age _____ Grade _____
 Parent/Guardian Name _____ Phone Number _____
 Address: _____
 T-Shirt Size (circle one) Shirts run a little big Youth: small (6-8) medium (10-12) large (14-16)
 Adult: small medium large X-Large
 Insurance Company _____ Policy # _____ Group# _____

I understand that the students will be supervised when participating and that normal precautions will be taken in their interest and for safety. I agree to release N.I.S.D. and it's employees of all legal liability during and resulting from the clinic. In case of an emergency, I give my approval and authorization for first aid treatment and transportation to and treatment by a local physician and /or hospital. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

 Parent/Guardian Signature

 Date