



Cheering with the Trojans!
Longmont High School Mini Cheer Clinic Grades (K -8)
Tuesday October 3rd and Thursday October 5th
4:00pm – 6:00pm
LHS Community Room



Need additional forms for your friends? Please visit <http://longmontcheer.weebly.com/>
 If you have questions: Shupe_ashley@svvsd.org

❖ Please bring your form and register “at the door”: \$40 (\$40 for first child and \$28 for each additional sibling)
❖ Check-in from 3:45 – 4:00pm, Clinic 4:00 – 6:00pm, Pick Up @ 6:00pm!
❖ Participants will receive a t-shirt (as long as supplies last), hair ribbon, and pom-pons

Clinic Day

During the clinic, your child will learn to cheer like a Trojan, learn a Trojan Chant, Trojan Cheer, and Trojan Dance. All Participants should wear tennis shoes and comfortable clothing that is suitable for free movement.

Game Day!

All participants are invited to perform during the halftime of the LHS Varsity Football Game on October 12th!

Date: Thursday, October 12th LHS vs Centaurus (This game will be our pink out game!)

Before the game: Meet @ 6:15 to pick up your shirt, ribbon, and pom pons before the game. Meet a Trojan Cheerleader at the ticket booth. She’ll escort the participant inside the gates on the field. Free admission only applies to the child wearing the t-shirt. Parents may purchase tickets at the gate.

Performance: Mini Cheerleaders will cheer with the Trojans during the 1st and 2nd quarter of the game. The Trojan cheerleaders will escort all participants on the field to perform during halftime.

Post Performance: Participants will need to be picked up immediately following the performance.

What to wear: Cheering with the Trojan t-shirt, black shorts or pants, tennis shoes, hair in ponytail and A BIG SMILE!

Cancellation/Information: If, due to inclement weather or other emergency, the clinic must be cancelled or re scheduled, you will be notified by a posting on <http://longmontcheer.weebly.com> and/or a phone call, if possible. Should your plan change and your child is unable to attend our clinic, please request a refund prior to the clinic date. No refunds will be given after the clinic occurs.



Please read carefully, PRINT clearly, and provide us with all of the following information:

Please use a separate form for each child. Payment may be combined, simply attach multiple forms to one check
 Payment: Cash or checks payable to Longmont High School Cheer

Name _____ Grade _____ School _____ Phone _____

Parent’s Name _____ Parent’s Email _____

Address _____ Zip _____

****Fee** (CIRCLE):** \$40 or \$28 Check or Cash

*****CLINIC T-SHIRT*** (CIRCLE ONE):**

Child Sm Child Med Child Lg Adult Sm Adult Med Adult Lg

*All future communication will be via email. Please provide a current email address and print clearly.

In case of accident or serious illness, I request the Trojan Cheerleaders to contact me. If the Trojan Cheerleaders are unable to reach me, I hereby authorize the Trojans to render treatment or transport my child to the nearest treatment facility. I also authorize the use of clinic photos for publicity purposes.

Signature of Parent/Guardian _____