



# Twirl-M's Monday Night and Specialty Classes

Join the 5-time national champion Twirl-M's for its 12th season of twirling in the Lakes Area. Whether you are brand new with no twirling experience, or a seasoned competitive twirler, the Twirl-M's has just the program for you! Director: Rhonda Muscaro. Learn more at [www.TwirlM.com](http://www.TwirlM.com)

**Twirl-M's Monday Night Baton** - Weekly baton classes that feature recreational twirling through competitive training. All students to perform in the group's 12<sup>th</sup> Annual Recital. Select the class that meets your twirling abilities. No class on 10/31. Extra class fees apply: Fees include \$39 material supply fee per family due first day of class. \$24 for baton for those who do not have one. The fees are payable to Rhonda Muscaro. Extra class fees include: \$39 material supply fee per family due first day of class; \$24 for baton for those who do not have one; \$82 for group's costume, if you choose to be in the recital. The recital participation fee is \$20 per family, payable to Walled Lake Schools on or before November 7th, and includes admission into the recital for all who wish to attend.

<b>Class #:</b> RF11RM1 <b>Instructor:</b> Twirl M-S <b>Monday, 9/19-12/12</b> <b>Fee:</b> \$92	<b>NEW TWIRLERS</b> <b>Location:</b> CHS Aux <b>6:00-6:30 PM</b> <b>Ages:</b> 4-18	<b>Class #:</b> RF11RM3 <b>Instructor:</b> Twirl M-S <b>Monday, 9/19-12/12</b> <b>Fee:</b> \$124	<b>Pre-Team #1</b> <b>Location:</b> CHS Aux <b>6:30-7:30 PM</b> <b>Ages:</b> 4-18
<b>Class #:</b> RF11RM2 <b>Instructor:</b> Twirl M-S <b>Monday, 9/19-12/12</b> <b>Fee:</b> \$92	<b>Novice</b> <b>Location:</b> CHS Aux <b>6:00-6:30 PM</b> <b>Ages:</b> 4-18	<b>Class #:</b> RF11RM4 <b>Instructor:</b> Twirl M-S <b>Monday, 9/19-12/12</b> <b>Fee:</b> \$155	<b>Junior Team</b> <b>Location:</b> CHS Aux <b>6:30-8:00 PM</b> <b>Ages:</b> 4-18
	<b>Class #:</b> RF11RM5 <b>Instructor:</b> Twirl M-S <b>Monday, 9/19-12/12</b> <b>Fee:</b> \$155	<b>Team</b> <b>Location:</b> CHS Aux <b>6:45-8:15 PM</b> <b>Ages:</b> 4-18	

## Twirl-M's Specialty Baton Classes

Strut shoes preferred by not required.

<b>Class #:</b> RF11RM7 <b>Instructor:</b> Twirl M-S <b>Monday, 9/26-11/21</b> <b>Fee:</b> \$52	<b>Ballet For Baton</b> <b>Location:</b> CHS Aux <b>5:30-6:00 PM</b> <b>Ages:</b> 4-18	<b>Class #:</b> RF11RM8 <b>Instructor:</b> Twirl M-S <b>Monday, 9/26-11/21</b> <b>Fee:</b> \$52	<b>Ballet For Baton</b> <b>Location:</b> CHS Aux <b>6:00-6:30 PM</b> <b>Ages:</b> 4-18
This class is for novice and beginner strutters.		This class is for intermediate and advanced strutters	

To register: Please return the attached registration form and payment to Walled Lake Community Education, 615 N. Pontiac Trail, Walled Lake, MI, 48390. You can also fax it to (248) 956-5005. Make all checks payable to Walled Lake Schools. If you have any questions please call (248) 956-5000. Photographs may be taken, please refer to the website or call for more information. Registration deadline is 7 days prior to class beginning. You can also visit us on the web at <http://www.wlcsd.org/cec> to view more class information, and all policies.

CLASS # \_\_\_\_\_ Twirl-M's Monday and Specialty Fee: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City Zip

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work/Emergency # \_\_\_\_\_

Visa/MC # \_\_\_\_\_ Exp Date: \_\_\_\_\_

### Emergency & Medical Information:

Any medical, psychological or other problems? \_\_\_\_\_

Name of emergency contact (not parents) \_\_\_\_\_ (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preferred for emergency treatment \_\_\_\_\_

Authorization to dispense medication **must be on file with WLCE one week prior to camp beginning.**

### Release and Hold Harmless Authorization

I authorize Walled Lake Community Education to secure emergency medical and/or surgical treatment for \_\_\_\_\_ WHILE IN THEIR CARE. Non-emergency medical treatment or elective surgery is not in this authorization.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_