

Twirl-M's Thursday Night and Clinics

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

Twirl-M's Thursday Night Baton

Novelty Class: – PFP on 2-baton, 3-baton, modeling, and interview, as well as other specialty routines. Pre-requisite –Memorized modeling routine.

Class #: RF11RTH1 Novelty Class
 Instructor: Twirl M-S Location: SBMS
 Fee: \$59 6:30-7:30 PM
 Ages: 4-18 Dates: 9/22, 10/13, 10/20, 10/27, 11/10, 11/17

Baton Practice for Perfection

Emphasis will be placed on solo and fancy strut routines. Pre-requisite – Memorized solo routine.

Class #: RF11RTH2 Practice for Perfection
 Instructor: Twirl M-S Location: SBMS
 Fee: \$59 7:30-8:30 PM
 Ages: 4-18 Dates: 9/22, 10/13, 10/20, 10/27, 11/10, 11/17

Class #: RF11RTH3 Novelty & Practice
 Instructor: Twirl M-S Location: SBMS
 Fee: \$112 6:30-8:30 PM
 Ages: 4-18 Dates: 9/22, 10/13, 10/20, 10/27, 11/10, 11/17



Twirl-M's States Contest Prep Clinic

Class #: RF11RSTP State Prep
 Instructor: Twirl M-S Location: WLCE
 Tuesday, 11/8 9:00-12:00 PM
 Fee: \$39 Ages: 4-18
 Pre-requisite – Memorized solo routine



Twirl-M's Miss Holiday Clinic

Class #: RF11RHC Holiday Clinic
 Instructor: Twirl M-S Location: SBMS
 Thursday, 12/8 6:00-8:00 PM
 Fee: \$29 Ages: 4-18

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 Thursday and Clinics 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 _____