TWIRLER & GOLDUSTER FOR A DAY

Are you ready to perform with the Purdue Twirlers and Golduster Dance Team? Don't miss this opportunity to perform at a Women's Basketball halftime show!

SUNDAY, FEBRUARY 19, 2017
CLINIC & HALFTIME PERFORMANCE

ENJOY THESE GREAT BENEFITS:

• Exclusive t-shirt
• Clinic to learn twirling or dancing skills
• Experiment with batons or poms
• Meet and greet Purdue Twirlers and Golduster Dance Team
• Autographed posters of the Purdue Twirlers and Golduster Dance Team
• Perform during halftime with the Purdue Twirlers and Golduster Dance Team
• Experience a BIG10 Women's Basketball Game

REGISTRATION

No experience required!

Must be in grades K-12.

Only $50 per person.

Spots are limited to the first 50 registrants.

Deadline to sign up is Friday, February 3, 2017.

Parents, please purchase your tickets at www.purduesports.com (your child's ticket is provided).

AGENDA

9:00am  Registration and check-in at Lambert Gymnasium, 2nd Floor
9:30am  Clinic
11:30am  Snack and photos with the Purdue Twirlers and Golduster Dance Team
12:00pm  Review, followed by halftime performance
12:45pm* Participants dismissed after halftime performance

*Approximate time halftime will end
TWIRLER & GOLDUSTER FOR A DAY
REGISTRATION FORM

Registration deadline is Friday, February 3, 2017

Participant's Name: ________________________________________________________

Address: __________________________________________________________________

City: _____________________________ State: ______ Zip: _______________

Phone Number: ___________________________________________________________

Email: _____________________________________________________________________

Participant's Birthdate: ______ / ______ / _________ Grade: ____________________

T-shirt Size: □ Youth OR □ Adult Size? □ Small □ Medium □ Large □ X-Large

Interested in: □ Twirling* □ Dancing

*If you have selected twirling above, will you be bringing batons? □ Yes □ No

Emergency Contact Information (For day of event):

Name of First Contact: ___________________________________________________

Relationship to Participant: _____________________________________________

Emergency Contact Phone Number: _________________________________________

Name of Second Contact: ________________________________________________

Relationship to Participant: _____________________________________________

Emergency Contact Phone Number: _________________________________________

By enrolling in this experience, members' parents provide authorization for photos and videos to be used by Purdue University for publicity and educational purposes. If you do not consent to photographs or video, please submit your request in writing attached to this registration form.

Purdue University Medical Authorization for Treatment of a Minor (persons under 18 years):
Pursuant to Indiana Code Paragraph 16-36-1-6, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, Franciscan Saint Elizabeth Health - Lafayette East, and Indiana University Health Arnett, medical personnel, agents, and employees to provide all reasonably necessary medical care, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, surgery, and prescription drugs advisable for the health of my child. I acknowledge that no representations, warranties, or guarantees as to results or cures will be made.

___________________________________________ Date __________________

Parent / legal guardian signature is required.                      EA/EO

Mail registration form, with check payment made to Purdue University for $50 per person, to Purdue Bands & Orchestras, 712 Third Street, West Lafayette, IN 47907. Questions? Please contact Jaclyn Heinz at heinzj@purdue.edu.
EXPERIENCE WOMEN'S BASKETBALL HALFTIME LIKE NEVER BEFORE