Dance with Buckhorns High School’s Dance Team
BHS GOLD GYM — March 10-11, 2016

- Perform half-time routines at Varsity Girls and Boys basketball games
- Perform side-line cheers and dances at Home Varsity Football Games
- Travel to chosen away football games and perform side-lines
- Perform for BHS events including homecoming activities — Bonfire and pep rallies
- Perform for charitable organizations, local schools, and spirit events
- Attend UDA Summer Dance Camp
- Promote spirit and support all Buckhorn High School athletic teams
- Serve as ambassadors of Buckhorn High School and uphold, reflect, and project the goals and ideals of Buckhorn High School
- Maintain a positive attitude and approach every challenge in a professional manner
- Compete at UDA Dance Team State Competition in Birmingham, Alabama
- Operate with a minimum of twelve dancers
- Program consists of dance technique and skills, cardiovascular/strength training, and academic excellence

QUALIFICATIONS AND APPLICATION INCLUDED IN THIS PACKET
Buckhorn High School’s Dance Team Try-Outs  
BHS GOLD GYM —March 10-11, 2016

AUDITION REQUIREMENTS
Current students must have a cumulative overall GPA of 2.0 or better.  
Must attend a two-day audition on Thursday and Friday March 10 and 11, where dance routines and skills will be evaluated.  
Refer to the “Audition Schedule of Events” for audition schedule.

REQUIRED COMMITMENTS AND DATES: Must be able to attend all rehearsals, technique classes, workouts, games, summer rehearsals and other related activities during the 2016-2017 year.  
Required dates:  
  Spring rehearsals—March 24, April 9-10, 16, 23, May 7,12, 21  
  Camp June 3-7 UAB Birmingham, AL

Submit the following documentation to be placed on the audition roster: (all forms must have parent signatures):
1. Application (signed copy)  
2. Copy of most recent Report Card  
3. Preparticipation Physical Evaluation—Physical Examination Form dated and signed by a physician within the last 12 months  
4. Copy front & back of insurance card  
5. Buckhorn Dance Team Rules and Regulations (signed copy)  
6. Fees Sheet (signed copy)

Interested ladies should complete and mail or drop off the required documents to the address below in a Manilla Envelope.  
Mail to:  
Kaitlyn Gokee  
Buckhorn High School Dance Team  
4123 Winchester New Market, AL 35761

APPLICATION DEADLINE: APPLICATION PACKETS ARE DUE BY FRIDAY, March 4, 2016, NO LATER THAN 3:30 PM.  
Auditions will be held at Buckhorn High School in the Gold Gym.

Please direct any questions to:  
kgokee@mcssk12.org
QUESTIONS AND ANSWERS

WHAT DOES IT TAKE TO MAKE THE BUCKHORN DANCE TEAM?
Dance Technique & Skills   Tumbling & Acrobatic Skills
Personal Appearance       Showmanship, Projection
Versatile Dancer-All Styles Poise Personality, Enthusiasm,
Physical Fitness          Spirit Team Player, Punctuality

WHAT IS THE AUDITION PROCESS? Thursday—assessment of dance technique skills, acrobatic skills, and physical fitness, learn short audition routine. Friday—dance routine instruction and assessment—pom, jazz, and hip hop. NOTE: Friday assessments are a check-off and evaluation of skill level. You may or may not be able to execute all skills. Perform skills you are comfortable executing. Physical fitness assessment will be a aerobic routine that will learned on Thursday of the auditions. Assessments will give judges a comparison of skill level(s). Remember, we are looking for the versatile dancer—one who can execute a variety of skills.

WHAT DANCE SKILLS SHOULD I BE ABLE TO EXECUTE? Dancers should be able to execute the following skills. These and other dance skills could be incorporated into audition dances and are not limited to the following skills. Special notice will be given to those executing advanced skills.

- **Turns**—Pirouettes—double, triple; Chaine; Pique, Illusion
- **Leaps**—Grand Jete, Leap to second, Toe Touch, Pike
- **Flexibility**—Leg extension (front and side) with and/or without hold. Extra: Scorpion
- **Acrobatic/Gymnastics (optional)**—Cartwheel, one-hand cartwheel, front/back walkover, forward/backward roll, aerial cartwheel, headstand, shoulder roll, backbend, handstand, round off, Valdez
- **Hip Hop**—Stalls, jumps, kip up, head spins, headsprings (with hand support), windmills

HOW SHOULD I WEAR MY MAKE-UP AND HAIR? Use make-up shades that complement your natural beauty. Hair should be worn in a current hairstyle that compliments your features. Make sure your hair does not hide your face. Face and hair should be “game ready.”

WHAT SHOULD I WEAR TO AUDITIONS? You should wear dance attire of your choice. Top—WHITE NO Mid Drift; bottom—dance booty shorts or jazz pants; (optional) skin colored dance tights; and dance shoes of any type.

WHAT DO I NEED TO BRING TO AUDITIONS? Bring personal items, warm-up, dance shoes and snacks and water. Having everything you need will help you feel confident when auditioning.

WHAT IS AUDITION TIME?
**Thursday:** Check-in 3:30-3:45 p.m. An audition number must be worn at all times. Auditions instruction will be 4:00-7:30 p.m. See Schedule of Events. **Friday:** Check-in 4:00-4:30 p.m., Open Gym 4:15-5:45. Auditions 6:00pm If selected to the team, your number will be posted on Gold Gym entry doors at 9:00p.m. Times are approximate.

CAN MY FAMILY WATCH AUDITIONS? No. The auditions are closed to the public.

ARE THERE ANY HEIGHT & WEIGHT REQUIREMENTS? We DO NOT have specific height and weight requirements. Personal health and fitness are an important aspect of the program.

HOW MANY GIRLS CAN MAKE THE TEAM? We operate with between 12 and 25 girls for all school events, however for competition the team competes with between 12-20 dancers who can complete without fail, the skill set required for each style competition dance. Dancers who do not meet the skill set will be considered alternates who will attend all practices and can be pulled up to compete at any point in time.
BUCKHORN HIGH SCHOOL DANCE TEAM
Rules and Regulations
Please read, initial beside each guideline, and sign at the bottom.

GRADES
Dancers must maintain a 2.0 cumulative GPA

PERFORMANCE FUNCTIONS
Dancers shall appear only at events/activities which will reflect positively on the team and Buckhorn High School.
Performances include homecoming football game and activities, home basketball games, special athletic events, and charity events.
Dancers should report at least 1 hour prior to game time; at least 30 minutes prior to events. Dancers should report and leave performance functions, including games, in Buckhorn Dance team uniform/athletic warmup, applied makeup, and fixed hair.
Competition team will be determined through a team audition. The coach will make the final selection decision based on audition skills and work ethic.

UNIFORM
Uniforms and costumes must be maintained and kept clean by the team member. Any articles lost or damaged must be paid for by the dance team member.
Uniform items should be worn only by dance team members.
Only uniform jewelry is to be worn with the uniform; clear or light colored nail polish.
Smoking or drinking is not allowed while in dance team uniforms or practice wear.
Uniforms and costumes are to be worn only at official events.

REHEARSALS
The program consists of team rehearsals, strength/conditioning workouts, and technique classes.
Attendance is required for all aspects of program. Unexcused absences result in extra workouts.
Rehearsals are scheduled during fall/spring semesters during 4th block, as well as some Wednesdays after school from 3:30-4:30 and are subject to change due to available facilities.
Weekly workout schedule is determined at the beginning of each semester.
Any dancer missing a rehearsal prior to a game will not be allowed to perform at the game.
Any dancer missing five performances, rehearsals, workouts, dance classes, or events is subject to dismissal from the team.
Tardiness is not acceptable and will result in an extra weekly workout.
Candidates who do not feel they can attend and be punctual at all rehearsals, performances, workouts, and classes should not audition for the dance team.
Dancers will wear a provided practice uniform at all rehearsals. Rehearsal dress code will be strictly enforced.

GENERAL
Team commitment is for an academic year, and may include Thanksgiving, and a Christmas break due to rehearsals for dance team competition.
Dancers must conduct themselves in an orderly, professional manner at all times and show respect toward coach, team members, teachers, and instructors including dance, workout, and choreographers.
They will not use profanity nor pose themselves in an offensive manner toward anyone.
All Internet pictures including those on Facebook and social media should be of a positive, clean nature and should not exhibit use of alcohol, drugs, misconduct or any association or affiliation of such activity.
Misappropriate use of pictures or language on the Internet or any publications will be a violation of policy will result in dismissal from team.

______

______

______

______
AUDITIONS and ELIGIBILITY
Anyone interested in auditioning for the dance team must submit an audition application and required forms by the deadline date.
Must have a GPA of 2.0 or better. It is necessary to have medical insurance to be permitted to audition and to participate in the program. Dancers must maintain medical insurance that covers injuries should they occur while participating in this program.
The coach has permission to check GPA for the purpose of auditions and to continue to check grades each semester while participating in the program.
Current dance team members are judged on their overall yearly performance and current audition; new candidates are evaluated on their performance during the audition or other witnessed by the coordinator.
Must be able to commit to and attend all activities related to the dance program including summer practices and camp, rehearsals, workouts, and athletic events.
Must serve as an ambassador of Buckhorn High School and set standards for leadership, academic excellence and project the goals and ideals of Buckhorn High School.
Maintain a positive attitude and approach every challenge in a professional manner.

WEIGHT, NUTRITION, and SAFETY
Participation is required in team cardiovascular and strength training.
A dancer voluntarily assumes the risk involved by participating in dance rehearsals, games, and other functions/activities.

INJURIES/ILLNESSES
Any injury or illness must be reported to the coach immediately.
Any absence from rehearsal or events due to a dancer attending an appointment with a personal physician must be approved by the coach.
If an injury or illness incapacitates a dancer, she will not be permitted to rehearse or dance for a period of time as determined by the athletic trainer or doctor. Return to participation at games or rehearsals will be determined by the athletic trainer/or doctor.
An injured dancer is required to attend practices and functions, not necessarily participating.

DRUGS
Conduct, which involves the unlawful possession, use, dispersion, distribution, or manufacture of controlled substances by a squad member, shall result in termination from the dance program.

PAYMENTS
Each member will be required to meet the financial obligation listed on the cost spreadsheet. All members will be given the opportunity to fundraise to cover the cost of their participation. All monies will be due prior to performance event. If dancer is not paid in full performance, travel and participation will not be allowed.
Dance Team members shall follow these terms in order to be in good standing and remain active.

I have read carefully these guidelines and understand the information and requirements contained in it.
I further understand that failure to abide by these guidelines will result in immediate disciplinary actions to include possible dismissal from the dance team.

Student’s Signature:_________________________ Date:_________________________

Parent/Guardian Signature________________________ Date_______________________
Dance Team Application

Tryouts Thursday and Friday March 10th-11th 2016

If you are selected for the team a parent and the dance team member will need to be available Tuesday March 22nd at 5:30 for a parent meeting and uniform fitting. A $100 deposit will be due at the time of the parent meeting.

Dancer Information:
Name______________________________Age_____Cell Phone________________________
Address________________________________________________________________________
Grade for 2016-2017 (please circle): Freshman Sophomore Junior Senior
Dance Studio affiliation:__________________________________________________________
Other activities and interests
__________________________________________________________________________________
__________________________________________________________________________________
How do you view your role as a dance team member?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Parent Information:
Parent Name__________________________E-mail address_____________________________
Parent Name__________________________E-mail Address_____________________________
Home Phone____________________________Parent’s Work Phone ______________________

I understand that my daughter ________________________ will be auditioning for the BHS Dance Team for the 2016-2017 season.

Parent Signature____________________________________________ Date:___________________

Tryout notes:
1. Candidate must wear appropriate dance wear, no mid-drift showing. WHITE TOP and BLACK BOTTOMS
2. No gum is allowed.
3. Hair must be neat and out of dancer’s face.
4. Candidates will learn a dance routine, a technique sequence, and a kick sequence.
5. Candidates will be required to choreograph the last two eight-counts of the dance routine.

Minimum requirements for making the Buckhorn Dance Team:
1. Split leap
2. Straddle leap
3. Double pirouette
4. Double Coupe Turn
5. Splits
6. High kicks
7. Toe touch

Tryouts are closed. No one will be allowed inside the building except for candidates, judges, tabulators, and Senior dance team members. Impartial judges will do scoring; the coach will not be a part of the judging panel. Old members are not guaranteed a spot on the team. Only top scores will be awarded spots. Candidates must attend the entire tryout process in order to be considered for the dance team.
Audition Schedule:

Before or on March 4, 2016: completed try-out packets due to Ms. Gokee at BHS by 3:30pm

March 10, 2016:
  3:45-4:15: Check-In, receive try out number
  4:15-5:15: Review of skills
  5:30-6:30: Learn audition combination
  6:30-7:30: Open Gym

March 11, 2016:
  4:00-4:30: Check-in
  4:15-5:15: Open Gym
  5:15-5:45: Review of try-out
  6:00-until: Outside Judged tryout. Once you have gone you are free to leave.
  9:00pm: Results will be posted on Gold Gym Lobby Door

Requirement Checklist:

_____ 1. Application with parent signature
_____ 2. Rules and Regulations with dancer and parent signature
_____ 3. Fees Sheet with parent signature
_____ 4. Physical signed by doctor
_____ 5. Copy of insurance card (front and back)
_____ 6. Copy of most recent report card
_____ 7. Madison County Participation Waiver
MADISON COUNTY BOARD OF EDUCATION Extracurricular Participation Permission/Waiver

____________________________________ has my permission and consent to participate Student’s Name

in the following activity: ______________, including participation in out-of-town contests/events pertaining to such activity. I understand and agree that this activity is elective, and therefore, because my child has chosen to participate in this activity, I further agree as follows:

1. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of the activity or such travel.

2. I accept the responsibility for payment of all medical bills, including, but not limited to, charges for doctors, ambulance, hospitals and drugs which my child may incur by reason of participation in such activity.

3. I waive any claims or cause of action against the Madison County School System and employees of the system which may arise by reason of injuries to my child because of such participation and agree that said School District and employees are released and forever acquitted from any and all claims of liability to me or my child.

4. I understand that, prior to practice (including tryouts), a physician’s examination is required for all athletes by the Madison County School System and the Alabama High School Athletic Association.

5. Circle a or b below. (If a is selected, fill in information regarding insurance company/policy.)

   a. My child is insured with ____________________________, Policy # __________, and I agree to maintain this coverage for the tenure of his/her participation in any school activity.

   b. My child is not covered by insurance and I understand and agree that I will be responsible for payment of any medical bills that may be incurred by reason of participation in such activity/activities. (Note: Refer to item #2 above.) I understand that insurance at a reasonable rate is available on an optional basis.

Signature of Parent/Custodial Parent __________________________________________ Date ________________

Address: ________________________________________________________________

Home Phone # ____________________ Work Phone # _________________ Cell Phone # ________________
# Preparticipation Physical Evaluation Form

**ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION**

**History**

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Date of birth</th>
<th>Address</th>
<th>Grade</th>
<th>Phone</th>
<th>School</th>
<th>Sport</th>
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**Explain “Yes” answers below:**

<table>
<thead>
<tr>
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<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Has a doctor ever restricted/denied your participation in sports?</td>
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<td>2. Have you ever been hospitalized or spent a night in a hospital?</td>
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<td></td>
<td>Have ever had surgery?</td>
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<td>3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?</td>
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<td>4. Are you presently taking any medications or pills (prescription or over-the-counter)?</td>
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<td>5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?</td>
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<td>6. Have you ever passed out during or after exercise?</td>
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<td></td>
<td>Have you ever been dizzy during or after exercise?</td>
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<td></td>
<td>Have you ever had chest pain or discomfort in your chest during or after exercise?</td>
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<td></td>
<td>Do you tire more quickly than your friends during exercise?</td>
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<td>Have you ever had high blood pressure?</td>
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<td>Have you ever been told that you have a heart murmur, high cholesterol, or heart infection?</td>
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<td></td>
<td>Have you ever had racing of your heart or skipped heartbeats?</td>
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<td></td>
<td>Has anyone in your family died of heart problems or a sudden death before age 50?</td>
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<td></td>
<td>Does anyone in your family have a heart condition?</td>
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<td>Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?</td>
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<td>7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?</td>
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<td>8. Have you ever had a head injury or concussion?</td>
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<td>Have you ever been knocked out or unconscious?</td>
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<td>Have you ever had a seizure?</td>
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<td></td>
<td>Have you ever had a stinger, burn, pinched nerve, or loss of feeling or weakness in your arms or legs?</td>
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<td>9. Have you ever had heat or muscle cramps?</td>
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<td>Have you ever been dizzy or passed out in the heat?</td>
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<td>10. Do you have trouble breathing or do you cough during or after activity?</td>
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<td></td>
<td>Do you take any medications for asthma (for instance, inhalers)?</td>
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<td>11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?</td>
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<td>12. Have you had any problems with your eyes or vision?</td>
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<td></td>
<td>Do you wear glasses or contacts or protective eye wear?</td>
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<td>13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?</td>
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<td>14. Have you had a medical problem or injury since your last evaluation?</td>
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<td>15. Have you ever been told you have sickle cell trait?</td>
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<td></td>
<td>Has anyone in your family had sickle cell disease or sickle cell trait?</td>
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<td>16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?</td>
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<td>Head</td>
<td>Back</td>
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<td>Neck</td>
<td>Chest</td>
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<td>17. When was your first menstrual period?</td>
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<td></td>
<td>When was your last menstrual period?</td>
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<td></td>
<td>What was the longest time between your periods last year?</td>
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**Explain “Yes” answers:**

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<th>Explain</th>
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I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete __________________________ Date ____________

Signature of parent/guardian __________________________

DUPLICATE AS NEEDED

Rev. 2010 FORM 5 Page 1 of 2
Preparticipation Physical Evaluation

Rule 1, Sec. 14 — in order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent’s or Principal’s office a current physician’s statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grades 7-12). The AHSAA Physicians Certificate (Form 5) must be used. A physical exam will satisfy the requirement for one calendar year from the date of the exam.

Physical Examination

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<tr>
<th>Height</th>
<th>Weight</th>
<th>BP</th>
<th>Pulse</th>
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Vision R 20 / ___ L 20 / ___ Corrected: Y N

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<tr>
<th>Normal</th>
<th>Abnormal Findings</th>
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<tr>
<th>Limited</th>
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<tr>
<td>Cardiovascular</td>
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<tr>
<td>Pulses</td>
</tr>
<tr>
<td>Heart</td>
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<tr>
<td>Lungs</td>
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<tr>
<td>Skin</td>
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<tr>
<td>E.N.T.</td>
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<tr>
<td>Abdominal</td>
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</tbody>
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<tr>
<th>Complete</th>
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<tbody>
<tr>
<td>Genitalia (males)</td>
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<tr>
<td>Musculoskeletal</td>
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<td>Neck</td>
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<tr>
<td>Shoulder</td>
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<td>Elbow</td>
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<td>Wrist</td>
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<td>Hand</td>
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<td>Back</td>
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<td>Knee</td>
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<td>Ankle</td>
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<tr>
<td>Foot</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Clearance:

A. Cleared
B. Cleared after completing evaluation/rehabilitation for: ____________________________
C. Not cleared for:
   - [ ] Collision
   - [ ] Contact
   - [ ] Noncontact
   - [ ] Strenuous
   - [ ] Moderately strenuous
   - [ ] Nonstrenuous

Due to: ____________________________

Recommendation: ____________________________

__________________________
Name of physician

__________________________
Date

__________________________
Address

__________________________
Phone

__________________________
Signature of physician, M.D. or D.O.
## Buckhorn Dance Individual Expense Report

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pom Uniform (new girls only)</td>
<td>$210.00</td>
</tr>
<tr>
<td>Jazz Dress (new girls only)</td>
<td>$78.95</td>
</tr>
<tr>
<td>Camp Clothes (3 outfits +4 practice shirts)</td>
<td>$155.00</td>
</tr>
<tr>
<td>Warm up and Backpack (new girls only)</td>
<td>$214.96</td>
</tr>
<tr>
<td>Choreography &amp; music</td>
<td>$100.00</td>
</tr>
<tr>
<td>Accessories (head warmer, bow, 2 headbands)</td>
<td>$25.00</td>
</tr>
<tr>
<td>Poms (new girls only)</td>
<td>$22.00</td>
</tr>
<tr>
<td>Camp</td>
<td>$379.00</td>
</tr>
<tr>
<td>Costume Fee</td>
<td>$125.00</td>
</tr>
<tr>
<td>Competition State Fees</td>
<td>$75.00</td>
</tr>
</tbody>
</table>

**Total**

- **NEW GIRLS** $1384.91
- **RETURNING** $859.00

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**Miscellaneous Costs throughout the year that we will collect as needed:**
Tailgate food ($7 per HOME GAME), Camp goodie bags from parents ($15 per girl)
WE MAY HAVE OTHER SMALL COSTS COME UP THROUGHOUT THE YEAR

*Camp deposit of $100 is due on Tuesday, March 22\(^{nd}\).
*Remaining camp fees ($279.00) due on Friday, April 15\(^{th}\).

***ALL MONEY MUST BE PAID IN FULL BY TUESDAY, MAY24\(^{th}\)***

I have read and understand that the list above is subject to change slightly. By signing below I agree that if my daughter becomes a member of the BHS Dance Team all monies will be paid in full in order for my dancer to participate in any activity or event.

Parent Signature: ___________________________________________ Date: ___________
Fundraisers

Personal

- **Car Wash** – Saturday, May 7th (9:00-2:00) Each girl will sell $10 tickets before the car wash, donations taken on this day will go to general fund.

- **20/20 Conditioning Letters** – Begins Monday, March 28th – Monday, April 25th (collect $20 from friends and family….they get to purchase sit ups, leg lifts, push ups, toe touches, jumping jacks, etc.)

- **Bed Sheets Sales** — March 22nd-April 5th- info packet will be distributed at March 22nd meeting.

- **Cookie Dough/Aunt Annie's Pretzels** — Begins April 6th- April 20th. Packets will be distributed when you submit your sheet fundraiser info.

General Fund

- **Chill Factory** –Thursday, April 21st (5:00-9:00…we will sign up for 30 minute shifts)

- **Dance Camp** – A Saturday in August!! TBA (this camp money will be used for bus transportation to playoff games, christmas surprises, other supplies as needed for the dance program)

- **ApplesBees Pancake breakfast** — a Saturday in August TBA ( we will use this to pay for a new set of water proof rain jackets/pullovers for the team from Varsity)

- **Comfort Colors Sweatshirt sale** — October TBA to help cover cost of State T-shirts, and end of the year banquet (each dancer required to sell 10 items, anything over the 10 will be applied to personal account)

- **Dance Exposition** — January TBA apply money to the following year’s cost ( new uniforms, etc.)

Optional track to fundraise to cover full costs:

20/20 letters- get 20 letters back could make $400
Carwash Tickets- sell 15 tickets to make $150
Sheets- sell 25 sets of sheets to make $450
Cookie Dough- sell 25 items to make $400
Total: $1400