ABOUT THE DAY

Registration begins at 9:30am. The clinic will start at 10am and ends at 1/2 time of the 2pm men's basketball game. Pack a lunch(sandwich etc) and eat lunch with our team.

Participants have the unique opportunity to stay & perform a routine with our UCF dance team at pre-game AND halftime of the Noon basketball game.

WHAT WE LEARN?

Each participant will learn age appropriate and fun routines choreographed by the UCF KnightMoves Dance Team.

They will also learn dance tips & techniques.

UCF KNIGHTMOVES

2020 YOUTH DANCE CLINIC

Ages 7 and up

Sunday Feb. 9, 2020



REGISTRATION

Register AND Pay online by going to www.justsportscamps.com/CheerUCF

OR Register by mailing the registration form below along with your payment to:

Knights Cheer & Dance Camps/ Attn. Linda Gooch P.O. Box 163555 Orlando, Florida 32816-3555 32816-3555

FURTHER INFORMATION

Registration Website: www.justsportscamps.com/cheerUCF Or call Linda Gooch at (407) 823-2143. Email: spirit@athletics.ucf.edu



COST

The \$40 registration

fee includes all camp

instruction, one ticket

to the UCF Knights

Men's Basketball game

& a limited edition

KnightMoves Dance

the halftime

performance.

week in advance.

Additional family friend tickets for the game @ \$10 each.

LOCATION

Camp is held in the

"Air Conditioned"

UCF Arena-Venue.

Participant's Name Age Email
Emergency Phone Address
City St Zip
Preferred T-Shirt Size: YS YM YL or/ Adult Sizes Sm M L XL
How many additional game tickets are you purchasing for family and friends?
\$40 (for participant includes 1 game ticket and all instruction)
+ (\$10 for each additional ticket for family and friends)
TOTAL Amount Due – Make Checks payable to Knights Cheer & Dance Camps
As a parent or guardian of the student listed below, I waive and release Knights Cheer and Dance Camps and its staff from any and all liability from injury or illness incurred while attending this clinic. I have actual knowledge and appreciation of the particulars of the program and hereby voluntarily consent to said minors participation and assume the risks arising there from. I give my permission for emergency medical treatment in the event that I cannot be reached.
Date Parent Signature