

**Just For Kix/Minnesota Twins Dance Clinic & Pre-Game Extravaganza
Information & Registration
May 31, 2008**

Registration Deadline: April 28, 2008

WHO CAN PERFORM:

Any dancer currently in grades 3rd-12th. (2007-2008 School Year.) You do not have to be a JFK dancer to attend!

COST INVOLVED:

Cost will be a \$71.00 per dancer for **lower deck reserved seating** to participate or a \$60.00 per dancer for **upper deck reserved seating**. It will cover a performance T-Shirt, Twins game reserved seating ticket (lower or upper deck), bottled water, brown bag lunch and clinic instruction. The lunch will be **ham sandwich, chips, cookie & a drink**. If you do not like this meal, feel free to bring your own. Dancers should bring snacks and beverages in a labeled brown bag. **Register Now!** Parents and friends wishing to sit together **MUST** submit their registrations in the SAME ENVELOPE. We cannot seat "ADD ON's" next to one another due to logistics. **Do not give your registration form to your local Director, please mail it directly to our office.** Thank you.

• PARENTS, FAMILY AND FRIENDS CAN PURCHASE RESERVED TICKETS FOR A DISCOUNTED PRICE. Tickets for the game sell for \$28.00 each for lower level seats & \$17.00 for upper level seats. (You must purchase the same level seats as you purchased with your dancer's package.) You may order as many tickets as you wish, but once these tickets are shipped, they are non-refundable under any circumstance. Parents will not be admitted to the game/performance time without a ticket. (Any person 30 inches or taller must purchase a ticket.) If your tickets are lost or stolen, we are unable to replace them. **Note:** If the April 28th registration deadline has passed and you are still interested, please call our office to check on availability for the performance.

WHAT TO WEAR:

Please wear black "Dance Pants" or "Leggings" that are ankle length. Hair will need to be put up in a bun for the performance. Footwear is white socks and white ballet shoes/jazz shoes (or pointy toe tennis shoes). Shoes **MUST** be CLEAN. NO ATHLETIC OR THICK SOLED TENNIS SHOES. Dancers will also need to bring a red bandanna from home for the performance as well as a gold "mason" jar ring that we will be using for a earring prop.

ADDITIONAL INFORMATION:

- Dancers must have a chaperone during the game. Just For Kix will not assume responsibility for the dancer once the pre-game show is over.
- PARENTS SHOULD BE IN THEIR SEATS WELL IN ADVANCE (5:00pm) to insure they will see the performance. Sometimes events run ahead or behind. Dancers will be directed to their seats around 6:00pm. Parents should wait in their seats for their dancer to arrive.
- Just For Kix nor the Minnesota Twins are responsible for lost or stolen items or tickets. Remember your tickets!
- Just For Kix reserves the right to set minimum and maximum numbers for this performance.

DETAILS:

We will be sending you an additional mailing with parking, registration, and ticket information prior to the event. If you have not received this mailing along with your tickets by May 23rd, please call our office. 218-829-7107

Just For Kix Refund Policy

Cancellations 10 or more working days prior to the event will be issued a refund less a \$30.00 service charge. There will be no refund on cancellations 10 working days or less prior to the event. Extra family tickets purchased through JFK are non-refundable once they have been shipped. Sorry, there can be no exceptions to this policy.

Tentative Schedule for Game Day

*Please eat a good meal before you arrive

10:00-10:30	REGISTRATION - Gate B ticket area
11:00-1:00	Practice on Metrodome Field
1:00-2:00	Break - Eat bag lunch (JFK provides)
2:00-4:15	Practice in parking lot
4:15-4:45	Snack Break - (Bring from home)
4:45-5:00	Move to tunnel entrance
5:20	Move to tunnel for staging purposes
5:25-5:45	Pregame Show
6:00	Game time, sit with parents. *Stay in your seats until the end of the 1st inning. (This is imperative to account for <u>all</u> dancers, as well as aid in the flow of getting dancers back to their seats.)

* Please remember that this is a tentative schedule and may vary throughout the day.



Just For Kix - MN Twins Registration Form

- If you plan to sit with family, friends or a specific group, your forms and checks must be mailed in the same envelope.
- If you plan to purchase tickets through a venue other than JFK, you must also purchase your dancer's ticket or have your dancer seated with a chaperone.

PLEASE PRINT:

Dancer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(____) _____

Mother's Name: _____

Work Phone:(____) _____ Cell Phone:(____) _____

Father's Name: _____

Work Phone:(____) _____ Cell Phone:(____) _____

CITY YOU TAKE JUST FOR KIX IN: _____

YOUR DIRECTOR: _____

GRADE: _____ (2008-2009 School Year)

T-SHIRT SIZE: *Youth* 10/12 *Youth* 14/16 *Adult* Small *Adult* Medium *Adult* Large *Adult* X-Large

DANCER'S PARTICIPATION FEE

Package #1 (includes upper level ticket).....\$ 60.00

Package #2 (includes lower level ticket).....\$ 71.00

(Please circle package of your choice)

_____ family/friend tickets X \$17.00 for upper level seats = \$ _____

_____ family/friend tickets X \$28.00 for lower level seats = \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

____ I will not be attending, or will not be seated with my child.

_____ will be chaperoning my child.

Please mail this form and your check payable to:

JUST FOR KIX MN TWINS PERFORMANCE

PO BOX 724 ~ BRAINERD, MN 56401

Registration deadline: April 28th

DO NOT give this form to your local Director.

Office Use Only

Section: _____

Row: _____

Seats: _____

Just For Kix Medical Consent Form

If, in the judgement of any representative of Just For Kix, the dancer below should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said dancer by any physician.

PLEASE PRINT:

Dancer: _____

Birth Date _____ - _____ - _____

Allergies or allergic reaction to medication: _____

Previous Medical Conditions we should be aware of:

Name of a friend or relative (emergency purposes):

Phone # : (____) _____

Work # : (____) _____

Relationship to Dancer: _____

INSURANCE COMPANY:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: () _____

Policy #: _____

Group #: _____

Insurance Through Employer? Yes No

If Yes, Employer's Name: _____

Parent's Signature: _____ **Date:** _____

Parent's Cell Phone# (____) _____