

FLOUR BLUFF STINGLINE SPRINGSHOW CLINIC FORM

Please Fill Out the information below and return to Mrs. Baxter with \$15 @
Flour Bluff High School by April 28th or Bring to Clinic on May 1st.

Child's Name: _____

Child's Grade: _____

Parent's Name: _____

Phone #1: _____ Phone#2 _____

Address: _____

Alternate Contact #1 & Phone # _____

Alternate Contact #2 & Phone # _____

Food Allergies Yes _____ No _____ If yes, what type? _____

*Please Note each child must be signed out by the adult picking them up!

Others Who May Pick Up Child: _____

**NO ONE OTHER THAN THE PARENT OR THOSE LISTED ABOVE WILL BE
ALLOWED TO PICK UP CHILD UNLESS WRITTEN NOTICE IS PROVIDED
PRIOR**

Parent Signature _____ Date _____

CLINIC & SPRING SHOW WILL BE IN FLOUR BLUFF

HIGH SCHOOL CAFETERIA

IMPORTANT TIMES & DATES

- **Clinic: Monday MAY 1ST to Wednesday May 3rd**
 - **4:30-5:30**
- **Dress Rehearsal: Friday May 5th**
 - **4:30-5:30 PM**
- **Spring Show Saturday May 6th**
 - **5:30 PM**

***MAKE CHECKS PAYABLE TO FLOUR BLUFF ISD**