

**GRAND PRIX CLINIC**  
Wednesday June 7<sup>th</sup>, 2017  
1 PM to 4 PM  
The Spot Center  
404 Enterprise Circle  
Louisville, OH 44641



Please consider supporting Toriane Graal, who has been selected to represent Team USA in the Adult Women's Solo and Two Baton events in Croatia at the Grand Prix International Championships. All proceeds from this clinic will be used towards her entry fees and competition- related expenses.

**\$25 INCLUDES the 3-HOUR CLINIC, SNACKS,  
PARTICIPATION KEEPSAKES, and INSTRUCTION BY:**

**TORIANE GRAAL, WEST VIRGINIA UNIVERISTY FEATURE TWIRLER  
BETH COLOSETTI GRAAL, KSU TWIRLING INSTRUCTOR**

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ AGE \_\_\_\_\_ LEVEL \_\_\_\_\_

REGISTRATION DEADLINE IS NONDAY, JUNE 5, 2017

MAIL ENTRIES, WAIVER, AND MAKE CHECKS PAYABLE TO:  
TORIANE GRAAL 4470 ANDETTE AVE. NW MASSILLON, OH 44647  
OR PAY WITH PAYPAL at [TORGRAAL03@GMAIL.COM](mailto:TORGRAAL03@GMAIL.COM) using the "**Friends and Family**" tab. Thank you for your support!!

# 2017 GRAND PRIX CLINIC RELEASE/WAIVER FORM

I, \_\_\_\_\_, allow my  
child \_\_\_\_\_

to participate in the Grand Prix Twirling Clinic on June 7, 2017. I do hereby and forever discharge and agree to hold harmless The Spot Center, its trustees, officers, and employees from and against all claims, demands, suits, awards, and judgements for any and all injuries and/or damages which may result from my daughter/son participating in this activity. I am fully aware that I am not covered under any accident and/or health insurance plan of The Spot Center.

Date \_\_\_\_\_ Parent's/Guardian's  
Signature \_\_\_\_\_

## **REGISTRATION DEADLINE: RECEIVED BY JUNE 5, 2017**

Please send your Registration and Release forms along with your check or money order (NO CASH) by this deadline. You may also pay via Paypal at [TORGRAAL03@GMAIL.COM](mailto:TORGRAAL03@GMAIL.COM) using the "Friends and Family" tab for payment.

Thank you and we look forward to working and performing with you!!