

Jump Rope Workshop and Show

A fundraiser for the Jumping Eagles

www.jumpingeagles.org

Jump rope and fitness enthusiasts of all ages, come learn basic through advanced jump rope skills, taught by award-winning jumpers

Date: Saturday, March 20, 2010

Place: Chatfield High School Gym
7227 South Simms Street, Littleton, CO 80127

Time: 12:30-1:00 pm. **Registration and Check-In**
1:00-5:00 p.m. **Workshop Instruction (includes two 15-minute breaks)**

Cost: Before March 5 -- \$30/participant (includes instruction, jump rope, t-shirt, all show events)
After March 5 and at the door -- \$35 per participant (space is limited, register early)

Please make checks payable to: Jumping Eagles and return with the form below to:

Lorren LaVecchia, JE Booster Club Treasurer, 7441 S. Lee Way, Littleton CO 80127 (303-973-6932)

IMPORTANT
Please wear shorts and athletic shoes and bring a water bottle

Join us after the Workshop for a Show Extravaganza

•Silent Auction •Baked Potato Bar (with drinks and dessert) •Jump Rope Show
Including a demonstration by the workshop participants

Featured at the show: The national champion Jumping Eagles, coached by E.J. Boillot
Your participation will help them to compete at the 2010 World Championships in England!

Times: 3:30-6:30 p.m. Silent Auction
5:00-6:30 p.m. Baked Potato Bar (includes drinks and dessert)
6:30-7:30 p.m. Show (including demonstration by workshop participants)

Cost: Workshop Participants: Free
•Adults: \$10 •Children 12 & under: \$5 •Family Value Pack: \$25 per family

For questions, please contact the Jumping Eagles at: info@jumpingeagles.org or 303-973-6932

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Participant Name: _____ Phone: _____ Email: _____

Age: _____ T-Shirt (circle one): YM YL S M L XL XXL Payment amount: _____

Participation Release and Indemnity Agreement—participant, or parent/guardian if under 18, must sign. I hereby request that you accept the registration of _____ to attend this Workshop. Upon your acceptance of this application, I hereby release the Jumping Eagles Team, USA Jump Rope, Chatfield High School, Jefferson County School District, and all persons associated with the Jumping Eagles Workshop, of and from all claims or causes of action arising from injury as a result of negligence or some other cause. If medical attention is required for injury or illness while at the workshop, I give my permission for such medical care to be obtained at my financial responsibility.

Signature: _____ Date: _____

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