



2010 DANCE CLINIC

Join the fun as the best dance team in the NBA, the Honeybees, teach you their premier moves and a fun routine to be performed before thousands at a New Orleans Hornets home game!

CLINIC INFO

Who: Girls ages 5-12 years of age

When: Saturday, March 6, 2010

Where: Elmwood Fitness Center, Harahan
1200 S. Clearview Parkway, Suite 1200
In Elmwood Plaza Shopping Center

Time: Check In: 12:30pm
Clinic : 1:00pm - 4:00pm

JR. HONEYBEE FEE: \$110

Fee includes:

- 3 hour dance instruction from the Honeybees
- In-game performance during the Hornets game on March 8th
- 2 tickets in upper corner section to the March 8th game
(one for participant, one for guardian; call for upgrade seat options)
- Official Jr. Honeybee Uniform (top, bottom, briefs)
- David West Drawstring Bag
- Hornets waterbottle
- Pom Poms
- 2010 Honeybee Poster

ADDITIONAL TICKETS:

Additional tickets for family and friends will be available for a discounted price of \$20 each.
Reminder, included in the Jr. Honeybee fee is a ticket for the Jr. Honeybee and a ticket for a guardian.

TO REGISTER:

To register your Jr. Honeybee please complete and return **before February 24th:**

- (1) Jr. Honeybee Registration Form with payment
- (2) Waiver

Mail forms and fees to:

New Orleans Hornets– Jr. Honeybees
1250 Poydras Street, 19th Floor
New Orleans, LA 70113
Or fax to: 866-480-7301

For more information or questions contact Stefanie Sandy at 504-593-4745 or
by email at Stefanie.Sandy@hornets.com



2010 Registration Form

Participant's Name: _____

Parent/Guardian's Name: _____

Participant's Date of Birth: ____/____/____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Home Phone: _____ **Cell Phone:** _____

Emergency Contact: _____ **Phone:** _____

Uniform Top Size: (See Size Chart) _____

Uniform Bottom Size: (See Size Chart) _____

SELECT PACKAGE:

BALCONY: \$110 **ADDITIONAL SEATS @ \$20 EACH** _____

CLUB: \$320 **ADDITIONAL SEATS @ \$125 EACH** _____

METHOD OF PAYMENT: MC VISA AMEX DISC CHECK

Name: _____

CC#: _____

Exp: _____ **CC Verification:** _____

Signature: _____

Please make checks payable to the New Orleans Hornets and include participant's name in memo section of check.

**SEND REGISTRATION WITH PAYMENT TO:
NEW ORLEANS HORNETS ATTN: JR. HONEYBEE CLINIC
1250 POYDRAS STREET, 19TH FLOOR
NEW ORLEANS, LA 70113
FAX: (866) 480-7301**



UNIFORM SIZING INFORMATION

UNIFORM TOP SIZING:

ADULT

	SMALL	MEDIUM	LARGE	EXTRA LARGE
CHEST	33.5" -36"	36.5"-39"	39.5"-42.5"	43"-46.5"

YOUTH

	SMALL	MEDIUM	LARGE
CHEST	24"-27"	27.5"-31"	31.5"-35"

UNIFORM BOTTOM SIZING:

ADULT

	SMALL	MEDIUM	LARGE	EXTRA LARGE
HIPS	34"-36.5"	37"-39.5"	40"-43"	43.5"-47.5"
INSEAM	32"	32.5"	33.5"	34"
WAIST	24.5"-26.5"	27"-29.5"	30"-33"	33.5"37.5"

YOUTH

	SMALL	MEDIUM	LARGE
HIPS	24.5"-27"	27.5"-31"	31.5"-35.5"
INSEAM	21..5"	26"	30"
WAIST	21.5"-23.5"	24"-26"	26.5"-29"

NEW ORLEANS HORNETS
PARTICIPANT RELEASE AND INDEMNITY AGREEMENT

In consideration for being allowed to participate as a contestant, volunteer, entertainer or to otherwise participate in any manner (hereinafter collectively referred to as a "Participant") in entertainment or other promotional or pregame, halftime or postgame activities (collectively referred to as the "Activities") in various locations including those in or around the New Orleans Arena, I agree to release and hold harmless the New Orleans Hornets, SMG, New Orleans Arena, the National Basketball Association and its Member Teams, NBA Properties, Inc. and NBA Entertainment and their respective parents, subsidiaries, affiliates, directors, officers, governors, employees, and agents (collectively the "Hornets") from and against any and all claims, causes of action, or demands relating to or arising out of my being a Participant in the Activities. I understand that my being a Participant in the Activities shall be without receipt or right to any form of payment, compensation or remuneration whatsoever.

I grant full permission to the New Orleans Hornets, the National Basketball Association, NBA Properties, Inc. and NBA Entertainment, Inc. with no obligation to compensate me further, to use any photographs, videotapes, motion pictures, recordings, or other record of me as a participant. In doing so, I understand that the Hornets will have the irrevocable right to record, edit, use and re-use, on a world wide basis, in perpetuity, on all forms of media including film, television and electronic media and in all means of distribution and publication, the acts, pictures, poses, statements and sounds materials resulting from my being a Participant and that Hornets may do so without any form of compensation to me for such use.

I understand that being a Participant places me in an unfamiliar situation and exposes me to risks, either known or unknown, that are not common to my experience and I expressly assume all risk of injury (including permanent disability and death) arising out of my being a Participant, howsoever caused or arising and accept personal responsibility for the damages following such injury, permanent disability or death.

I will defend, indemnify and hold harmless the Hornets from and against any and all liability, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions, and costs of any actions, including attorney's fees arising from or related to my activities as a Participant including claims alleged to arise from any act or omission by me or of the Hornets, or any other person or party present or connected to my activities as a Participant by way of contract, including lease, sublease and subcontract. This shall include payment of any and all taxes or fees due on prizes received as a Participant in the Activities and that the Hornets shall have the option of withholding taxes due on prizes received. I fully understand that I have the option not to accept or receive any prize.

I am executing this Release and Indemnity having had the opportunity to ask all questions or to otherwise obtain knowledge of the facts and circumstances surrounding my being a Participant in the Activities.

I acknowledge that I have read and fully understand the foregoing.

Name of Participant

Date

Address

City / State / Zip Code

Phone Number

E-Mail Address

Signature (Parent/Guardian signature required if under 18 yrs – please print name next to signature)