

# SONICS DANCE CLINIC



**CLINIC: SATURDAY, JANUARY 20, 2007**

**DANCE CLINIC LOCATION:**

**BALLARD BOYS AND GIRLS CLUB**

1767 NW 64th St.  
Seattle, WA 98107

- Ages 5 - 12: 10:30 a.m. - 1:00 p.m.
- Ages 13 - adult: 1:30 p.m. - 4:00 p.m.

Don't forget to bring gym shoes, a snack and a water bottle!

**PERFORM: TUESDAY, JANUARY 23, 2007 7:00 P.M.**

**SEATTLE SUPERSONICS vs. DENVER NUGGETS**

**ATTIRE: Black Pants and your Sonics Dance Clinic T-shirt**

- Performers please meet at **Section 118** on the main concourse by the Fan Information Booth PROMPTLY at the **end of the first quarter** to be escorted down to event level.
- **Following the performance-**

**Session 1** will be held on event level and parents will be escorted down to performers.

PARENTS PLEASE BE PATIENT AS WE WILL BE COORDINATING HUNDREDS OF PARTICIPANTS- A SONIC STAFF MEMBER WILL ESCORT YOU TO THE EVENT LEVEL

**Session 2** participants will be released.

PLEASE SET A MEETING PLACE WITH YOUR PARENT OR GUARDIAN ON YOUR OWN.

**\$45**

**DANCE CLINIC PACKAGE INCLUDES**

- ☉ Warm-up this winter with **HOT NEW** dance moves led by the Sonics Dance Team!
- ☉ Perform clinic routines at halftime of the Sonics game on Tuesday, January 23, 2007- 7:00 p.m. tipoff
- ☉ 1 (One) Sonics ticket provided for dance clinic participant for the Tuesday, January 23, 2007 Sonics game
- ☉ Sonics Dance Team Clinic T-shirt
- ☉ Additional \$20 tickets (upper level) can be purchased by friends and family for the January 23 Sonics game

**SONICS DANCE TEAM**

**GIVE SOMEONE THE GIFT OF DANCING WITH THE SONICS DANCE TEAM THIS HOLIDAY SEASON!**

**TO ORDER TICKETS, PLEASE FAX (206) 272-2743 OR MAIL ORDER FORM AND PAYMENT TO:  
ATTN: MICHELLE FLANIGAN, GROUP EVENT SPECIALIST, 351 ELLIOTT AVE. W., SUITE 500, SEATTLE, WA 98119  
QUESTIONS? CONTACT MICHELLE WITH SONICS @ (206) 272-2742 OR LOG ONTO WWW.SUPERSONICS.COM**

PARTICIPANT NAME: \_\_\_\_\_ PREFERRED SHIRT SIZE CIRCLE: **Child** S M L **Adult** S M L  
 PARENT NAME: \_\_\_\_\_ DAY PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 E-MAIL FOR IMPORTANT DANCE CLINIC INFORMATION! \_\_\_\_\_

	# of participants	SONICS DANCE CLINIC OPTION 1	Total Price
SESSION 1: ages 5- 12	_____	X \$45	_____
SESSION 2: ages 13 - adult	_____	X \$45	_____
ADDITIONAL TICKETS*	_____	X \$20 (upper level)	_____

\*TICKETS ARE SUBJECT TO AVAILABILITY DON'T WAIT TO ORDER!

\*Preferred shirt size is not guaranteed!

CHECK: PLEASE MAKE PAYABLE TO **SEATTLE SONICS**

CHECK NO: \_\_\_\_\_

CREDIT CARD: VISA MC AMEX DISC

CARD #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Specially reduced tickets. Pay No Service Charge. Orders must be received 14 days prior to the date of the game. Orders received more than 14 days prior to the game date will be mailed to the above address; less than 14 days will be left at Will Call. Orders are filled on a first-come, first-served basis. No exchanges or refunds. Tickets and premium items are subject to availability. If there are no tickets remaining, the Sonics reserve the right to refund payment in full.

**DEADLINE TO REGISTER: FRIDAY, DECEMBER 29, 2006!**