

**Chippewa Valley Cheer Clinic 2025 PRE-K-8<sup>th</sup> grade  
September 29th and October 1st 5:00-7:00 pm**

**@Check in at the CVHS auxiliary gym**

\$65 per participant

**Director:** Amie Stone      email: [avernier102003@gmail.com](mailto:avernier102003@gmail.com)

The Cheer Clinic is open to everyone in Grades PRE –K (age 4) – 8<sup>th</sup>  
Instructors will consist of the Chippewa Valley Cheer Coaching Staff & Varsity Team  
Clinic will include: Warm-up, Cheer Skills, Basic Stunting & Tumbling Sideline Chants and a Cool  
Down. We will also provide a snack and drink.  
Every pre-registered participant will receive a T-Shirt, bow, and entrance into the October 2<sup>nd</sup> Junior  
Varsity Football Game to cheer with the Junior Varsity and Varsity Cheer Team  
Game time – 6:30 pm.

**\*Registration after September 18th will not guarantee a “Clinic T-shirt”**

NOTE: Family & friends attending the game will be required to pay the athletic entrance fee into the  
game. All participants must be accompanied by an adult for this event. \*\*Chippewa Valley Cheer  
Team and/or Coaches will not be responsible for supervision once the sideline performance is  
complete \*\*

REGISTRATION ENDS Monday September 29<sup>th</sup>.

Register online at: <https://chippewavalleyschools.ce.eleyo.com>

Registration in person or by mail to Chippewa Valley Schools, Adult & Community Ed.

Administration Office 19120 Cass Ave, Clinton Twp, 48038

Little Turtle: 50375 Card Rd, Macomb, 48044

Cash, check (checks made out to *Chippewa Valley Schools*), VISA, Mastercard are all acceptable payment  
methods. 20\$ fee on returned checks. All withdrawals are subject to an 8 dollar processing fee. Full refund  
through 9/29/2025. No refunds will be given after 9/29/2025. Payment is due in full at the time of registration.

**Coaches cannot accept registration payments.**

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**Return this stub with payment(836001-01) \$65 Return this stub with payment (836001-01)**

**Chippewa Valley Cheer Clinic September 29<sup>th</sup> and October 1<sup>st</sup> 5:00 pm-7:00 pm**

**Cheer at JV game October 2<sup>nd</sup> kick off 6:30 pm**

Participants name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ 2025-2026 grade: \_\_\_\_

Parent name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_ Student's school: \_\_\_\_\_

Address: \_\_\_\_\_ city: \_\_\_\_\_ Zip \_\_\_\_\_

Method of payment: cash      check# \_\_\_\_\_      credit

VISA/master card#: \_\_\_\_\_ exp. Date: \_\_\_\_/\_\_\_\_

Name of card holder: \_\_\_\_\_ signature: \_\_\_\_\_

**T-shirt size:**

YS                  YM                  YL                  AXS                  AS                  AM                  AL                  AXL