"Dancing with the Dolls"

Hosted by the MPHS Tiger Dolls

Join us for the ULTIMATE TIGER DOLL EXPERIENCE and DANCE with us on the FIELD during HALFTIME!!!!!

Clinic Information:
Saturday, September 5th
1:00 pm until 5:00 pm
Tiger Doll Room
For 1st – 8th Graders Only
Cost: $60.00

Registration: We are only taking 55 participants for this special event! Register ASAP with any Tiger Doll or bring to the front office at MPHS to ensure your spot! Registration will end after the first 55 forms and payment are received, so get yours in TODAY so you don't miss out! Please make checks payable to Tiger Doll Booster Club.

Registration Cost Includes: Dancing with the Dolls t-shirt, walk with the Tiger Dolls to the field, perform pregame ceremonies on the field with the Tiger Dolls, sit with the Tiger Dolls and perform stand routines during the 1st quarter, stretch and circle up with the Tiger Dolls during 2nd quarter, and perform at **HALFTIME** of the Tigers vs. Paris game held on Friday, September 11, 2026. Please note that parents must purchase a ticket to enter the gate.

Please scan the QR Code and join our Dancing with Dolls BAND for all information and reminders!
This is how all communication will be sent out!

****Please keep the top portion for important dates****

Registration Form

Participant's Name: _____ Age: _____ Grade: _____

School Attending: _____ Tiger Doll that you signed up with: _____

Please Circle Shirt Size

Child: S (6-8) M (10-12) L (14-16) **Adult:** S M L XL

I understand that my child will be participating in the "Dancing with the Dolls" Dance Clinic on September 5th and performing on September 11th. Since this is a voluntary program, I will not hold the school, staff members, or Tiger Doll members liable for any accidental injury, which may occur. In case of a medical emergency, I do give consent for my child to be treated at the nearest emergency room. I give MPISD permission to photograph, videotape, or allow videotaping of my child. I also give permission for MPISD to audiotape or allow audiotaping of my child.

Parent Signature: _____ Date: _____

Print Parent Name: _____

Phone Number: _____