JUST DANCE! At Yorktown Stage **REGISTRATION FORM**

(Use separate form for each Child) 2016-2017

Register Early!! All programs have limited enrolments and we do not want to cancel classes due to late enrolment.

ONLINE: www.yorktownstage.org BY EMAIL: barry@yorktownstage.org

DELIVER TO: Yorktown Stage, 1974 Commerce Street, Yorktown Heights, NY (Room 10)

Yorktown Stage, PO Box 877, Yorktown Heights, NY 10598 (Check all classes that apply) BY MAIL:

	Dance Style	Age Group	<u>Day</u>	Times	<u>Fee</u>	Check
	Tap/Ballet	3-5	Mon	5:00 – 5:45	\$485	
	Tap/Ballet	6-8	Mon	5:45 – 6:45	\$485	
	Broadway Dance	13-18	Mon	6:45 - 7:45	\$485	
	Advanced Dance	20+	Mon	7:45 - 9:00	\$485	
	Tumbling	5-8	Tues	4:00 - 5:00	\$485	
	Tumbling	9-18	Tues	5:00-6:00	\$485	
	Hip Hop/Lyrical	8-12	Wed	4:30 - 5:45	\$485	
	Technique/Production	12-18	Wed	6:00-7:30	\$485	
	Tap/Jazz	13-18	Wed	7:30 - 8:45	\$485	
	Tap/Jazz	8-12	Thur	4:00 - 5:15	\$485	
	Hip Hop/Lyrical	13-18	Thur	5:15-6:15	\$485	
	Adult Tap	Adult	Thur	6:15-7:15	\$485	
	Tap/Jazz	13-18	Fri	4:00 - 5:15	\$485	
	Hip Hop/Lyrical	13-18	Fri	5:15-6:30	\$485	
	Hip Hop/Lyrical	13-18	Fri	6:30-7:45	\$485	
Child's Name	Last					
Data of Divide				Grade Today: Boy / Girl (Circle)		
Name of Prima	ry Parent/Guardian:		Email A	ddress		
Address of Pri	nary Parent/Guardian:	(REQUIRED) C	onfirmation of Re	egistration will be sent by E	EMAIL ONLY	
	N	Number & Street		Town	~ 44	State & Zip
Phone Nos. Pri	mary Parent/Guardian:	Home		ness	Cell_	
Name of Other	Parent/Guardian:	•	,	Address		
*****	*******	******	*****	******	*****	****
RELEASE STA	TEMENT: I hereby re	lease the Executive I	Director and all e	employees of YORKTOW	/N STAGE fr	om all claims o
	injuries which may be sustaine Dance Company advertising and		n Dance Class. I	hereby give permission f	or my child's	photograph to
Signature of Par	ent / Guardian	Date:				
	********** * *****	******	*****		*****	*****
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IF PAYING BY CHECK (PREFERRED METHOD):				IF PAYING BY CREDIT CARD		

IF PAYING BY CHECK (PREFERRED METHOD):	IF PAYING BY CREDIT CARD			
AMOUNT ENCLOSED \$	AMOUNT TO CHARGE \$			
Check #	Credit Card #			
Bank Name	Expiration Date			
Bank City	Security Code			

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