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

Dance Style	Age Group	Day	Times	Fee	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 – 5:00	$485	❒
Hip Hop/Lyrical	13-18	Thur	5:00 – 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   *First*

Date of Birth: _____ **Age Today:** ____ **Grade Today:** _____ **Boy / Girl (Circle)**

Name of Primary Parent/Guardian: _____ Email Address _____
            (REQUIRED) Confirmation of Registration will be sent by EMAIL ONLY

Address of Primary Parent/Guardian: _____
           Number & Street   *Town*   *State & Zip*

Phone Nos. Primary Parent/Guardian: Home _____ Business _____ Cell_____
           (Please Be Sure To Add Area Code)

Name of Other Parent/Guardian: _____ Email Address _____

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RELEASE STATEMENT: I hereby release the Executive Director and all employees of YORKTOWN STAGE from all claims of liability for any damages or injuries which may be sustained while my child is in Dance Class. I hereby give permission for my child's photograph to be used in Yorktown Stage's Dance Company advertising and promotions.

Signature of Parent / Guardian _____ Date:_____

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