

**JUST DANCE! At Yorktown Stage
REGISTRATION FORM
(Use separate form for each Child)
2018-2019**

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: barryysproducer@gmail.com
DELIVER TO: Yorktown Stage, 1974 Commerce Street, Yorktown Heights, NY (Room 10)
BY MAIL: Yorktown Stage, PO Box 877, Yorktown Heights, NY 10598

The fees: each class \$485; each costume \$90; student registration \$50

(Check all classes that apply)

MONDAY

Ballet/Tap I 4:15 – 5:00
Ballet/Tap II 5:00 – 6:00
Ballet/Tap III 6:00 – 7:00
Tap/Jazz I 7:00 – 8:00
Advanced Dance 8:00 – 10:00

TUESDAY

Tumbling 4:00 – 5:00
Hip Hop/Lyrical II 5:00 – 6:15
Broadway I 6:15 – 7:15
Broadway II 7:15 – 8:15

WEDNESDAY

Tap/Jazz II 4:00 – 5:15
Technique/Production I 5:15 – 6:15
Technique/Production II 6:15 – 7:30
Tap/Jazz IV 7:30 – 8:45

THURSDAY

Acting 4:00 – 5:00
Hip Hop/Lyrical I 5:00 – 6:15
Adult Tap 6:15 – 7:15
Hip Hop/Lyrical X 7:15 – 8:30

FRIDAY

Tap/Jazz III 4:00 – 5:15
Hip Hop/Lyrical IV 5:15 – 6:30
Company 6:30 – 7:45

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 _____

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: _____

IF PAYING BY CHECK (PREFERRED METHOD):
AMOUNT ENCLOSED \$ _____
Check # _____
Bank Name _____

IF PAYING BY CREDIT CARD _____:
AMOUNT TO CHARGE \$ _____
Credit Card # _____
Expiration Date _____