## JUST DANCE! At Yorktown Stage REGISTRATION FORM (Use separate form for each Child) 2019-2020

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; costume \$90 single class, \$120, double class; registration \$50 \*\*

## (Check all classes that apply)

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MONDAY			WEDNESDAY	
Ballet/Tap	4:15 − 5:15 □	]	Tap/Jazz II	4:00-5:15
Ballet/	5:15 − 6:00 □	]	Technique/Production I	5:15 − 6:15 □
Junior Company (By Invitation)	6:00-7:00	]	Technique/Production II	6:15-7:30
Tap	7:00 - 8:00		Tap/Jazz IV	7:30 - 8:45
Advanced Dance	8:00 − 10:00 □	1	THURSDAY	
TUESDAY			Acting (ages 9-18)	4:00-5:00
Tap/Jazz I	4:00 − 5:00 □	1	Hip Hop/Lyrical I	5:00 − 6:15 □
Hip Hop/Lyrical II	5:00 − 6:15 □		Adult Tap	6:15 – 7:15 <b>□</b>
Broadway I (ages 8-12)	6:15-7:15		Hip Hop/Lyrical X	7:15 - 8:30
Broadway I (ages 13-18)	7:15 - 8:15		Trip Trop/Lyrical A	7.13 – 8.30 L
Broadway II (ages 13-18)	7.13 – 6.13 L	J	FRIDAY	
			Tap/Jazz III	4:00-5:15
			Hip Hop/Lyrical IV	5:15-6:30
			Company (By Invitation)	6:30 − 7:45   □
Child's Name				
Child's Name:			First	<del></del>
Date of Birth: A	ge Today:	Grade Today:	Boy / Girl (Circle	)
Name of Primary Parent/Gua	ardian:	Em	ail Address	
- · · · · · · · · · · · · · · · · · · ·	(RE	EQUIRED) Confirmation	on of Registration will be sent by EMA	LONLY
Address of Primary Parent/G	۱ 1 <sup>1</sup>	Street		
Dhana Nas Duimany Danant/				State & Zip
Name of Other Parent/Guardian: Email Address				
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RELEASE STATEMENT: for any damages or injuries which may Yorktown Stage's Dance Company and	y be sustained while m	my child is in Dance (	nd all employees of YORKTOWN S Class. I hereby give permission for m	
Signature of Parent / Guardian			Date:	
************	*****	******	****	***********
IF PAYING BY CHECK (PREFERRED METHOD):				
AMOUNT ENCLOSED \$			AMOUNT TO CHARGE \$	
Check #			Credit Card #	
Bank Name			Expiration Date	
Bank City			Security Code	