



Summerdance 2017  
Registration Form  
Weekly Classes  
[info@cryb.net](mailto:info@cryb.net)  
716-664-9766

**Student Information**

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: F \_\_\_ M \_\_\_

Home Address: \_\_\_\_\_

City/State : \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (The majority of our communications are sent via email): \_\_\_\_\_

**Parent/Guardian Information (if under 18):**

Name of Parent / Guardian: \_\_\_\_\_

Home Address if Different: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Programs**

*Please check the program you will be attending:*

All programs run for 4 weeks from July 11th through August 4th

- |                                 |                          |                 |
|---------------------------------|--------------------------|-----------------|
| _____ Open Intermediate Ballet  | Tues & Thurs 5:00-6:30pm | \$120 for 4 wks |
| _____ Mat Pilates Elkins Method | Wednesday 5:30-6:30pm    | \$ 32 for 4 wks |

To enroll please complete send in this form with tuition deposit to:

Chautauqua Regional Youth Ballet  
21 East Third Street, Suite 300  
Jamestown NY 14701

*Tuition:* 50% due with registration Amount Enclosed: \$ \_\_\_\_\_ Check # \_\_\_\_\_

I have made my payment online at [www.cryb.net](http://www.cryb.net) Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Registration Agreement**

I hereby enroll the above named student in CRYB's Summerdance 2017 Program. I understand that 50% payment is due at the time of enrollment and non-refundable except in the case of a medical reason supported by documentation from a physician or if there is insufficient enrollment to hold the class.

Parent / Guardian Signature (if minor) \_\_\_\_\_ Date \_\_\_/\_\_\_/ 2017