



Summerdance 2018
Registration Form
Weekly Classes
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 5 weeks from July 9th through August 10th

- | | | |
|--|--------------------------|-------------------|
| ____ Open Intermediate Ballet | Tues & Thurs 6:00-7:30pm | \$120 for 5 weeks |
| ____ Open Beginner Ballet (ages 6-10) | Thursday 5:00-6:00pm | \$50 for 5 weeks |
| ____ Open Ballet (1-2 years of ballet) | Tuesday 5:00-6:30pm | \$75 for 5 weeks |

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 Date: _____ Amount: \$ _____

Registration Agreement

I hereby enroll the above named student in CRYB's Summerdance 2018 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 ___/___/2018