



MONIKA ALCH, Artistic Director

**Registration Form  
2009 – 2010**

A \$10 registration fee must accompany this form. \_\_\_\_\_ cash  
Checks are to be made out to CRYB \_\_\_\_\_ check

Student Name \_\_\_\_\_

Level student is enrolling in: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent / Guardian Name(s)

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Most reliable email address

\_\_\_\_\_

New Student \_\_\_\_\_ Returning Student \_\_\_\_\_

If new, how did you hear about CRYB or who referred you?

\_\_\_\_\_

You may mail this to:

CRYB  
9 ½ Falconer Street  
Jamestown, NY 14701