

CHAUTAUQUA
REGIONAL
YOUTH
BALLET

MONIKA ALCH, Artistic Director



REGISTRATION FORM

A \$15 registration fee must accompany this form.
Checks are to be made out to CRYB

Student Name _____

Level student is enrolling in: _____ Age _____ Date of Birth ___/___/___

Parents/Guardian Name(s)

Address _____

City _____ State _____ Zip _____

Phones _____

Most reliable email address _____

New Student _____ Returning Student _____

Tuition Plan A _____ Tuition Plan B (no fundraising) _____

Monthly _____ Semester _____ Annual _____

Are you interested in Financial Aid or Work-Study information? _____

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

You may mail this to: CRYB 21 East Third Street, Suite 300 Jamestown, NY 14701

Or scan and email to info@cryb.net