

**YORKTOWN STAGE KIDS
REGISTRATION FORM**
Use separate form for each child

SUBMIT REGISTRATION FORM:

Show Name: _____

BY EMAIL: *barryysproducer@gmail.com*

BY MAIL: *Yorktown Stage, PO BOX 877, Yorktown Heights, NY 10598*

BY DELIVERY: *Room 10, 1974 Commerce Street, Yorktown Heights, NY*

Child's Name: _____

Date of Birth: _____ **Age Today:** _____ **Grade Next Fall:** _____ **Boy / Girl (Circle)**

Name of Primary Parent: _____ **Email Address** _____

Address of Primary Parent: _____
Number & Street, City, State & Zip

Phone Nos. Primary Parent: Home () _____ Cell () _____

RELEASE STATEMENT: I hereby release the Executive Director and all employees of YORKTOWN STAGE from all claims of liability for any damages or injuries which may be sustained while my child is Yorktown Stage.. I hereby give permission for my child's photograph to be used in Yorktown Stage publications, and for advertising and promotions.

Signature of Parent / Guardian _____ **Date:** _____

REFUND POLICY: *There will be no refunds for any reason following registration. The Director and/or the Executive Director have the right to dismiss any child for behavioral problems. Money will not be refunded for days missed due to dismissal or illness.*

<u>FULL PAYMENT IS REQUIRED AT THE TIME OF REGISTRATION</u>	
<u>IF PAYING BY CHECK (PREFERRED METHOD):</u>	<u>IF PAYING BY CREDIT CARD</u> _____ :
AMOUNT ENCLOSED \$ _____	AMOUNT TO BE CHARGED \$425.00
Check # _____	Credit Card # _____
Bank Name _____	Expiration Date _____
Bank City _____	Security Code _____