

YOUTH BALLET COMPANY OF SASKATCHEWAN ♦ LES BALLETS DE LA JEUNESSE DE LA SASKATCHEWAN
2007/2008 Registration Form

1106 McNiven Avenue, Regina, SK, S4S 3X3 Ph.: (306) 352-9908 Fax.: (306) 585-2565 E-mail: ybcs@sasktel.net

Family Name:	Home No.:
Parent/Guardian Name	(2) Parent/Guardian Name and Phone if different:

Address:	Postal Code:
-----------------	---------------------

Student's Names	1st Class	2nd Class	3rd Class	4th Class
1.				
2.				
3.				

Special programmes (✓) Company Ensemble RAD

Mother's Bus. No.:	Mother's Occupation:
Father's Bus No.:	Father's Occupation:

Emergency Contact:	
---------------------------	--

Student's Names	Birthdate (mm/dd/yy)	Hospitalization No.
1.		
2.		
3.		

List any medical concerns:

How did you hear about the Youth Ballet Company?	Newspaper <input type="checkbox"/>	School flyer <input type="checkbox"/>	Word of mouth <input type="checkbox"/>	Other (specify)
---	------------------------------------	---------------------------------------	--	-----------------

Past dance experience:

NEWSLETTER DISTRIBUTIONS:
 As Newsletters are distributed throughout the year, please indicate if you wish us to distribute 2 Newsletters to your family to accommodate separate households.

Two newsletters required YES / NO

I CONSENT to having my child's photograph taken by photographers or other personnel hired by the YBCS for promotional or other such purposes as deemed appropriate by the YBCS.

_____ signature of parent / guardian

I CONSENT to having our name and phone number listed in a class directory to be published by the YBCS for its members.

_____ signature of parent / guardian

email address _____ or Don't have email _____

FUNDRAISING

(Excludes all first time students and families in Adult non performing, Adapted, and Rhythm and Movement classes)

Your family's fund raising commitment is based on the number of classes taken per week by all eligible members of your family x \$60.
See YBCS Brochure B - Additional Information, for details on fundraising options.

Please indicate your choice of fundraising method: Bingos _____ Chocolates _____

Payout Monthly \$ _____ x 9 Payout in 3 installments _____ Payout in full _____ Date: _____

----- **FOR OFFICE USE ONLY** -----

FAMILY DISCOUNTS:		SUPPLEMENTARY FEES:			
0% student 1	\$	*Costumes \$55 x	\$	RAD Fees (Sep 1; Nov 1; Jan 1; Feb 1) _____	\$
10% student 2	\$	*Costumes (Ballet 4 and up) \$75	\$	Company (Sep 1; Nov 1) _____	\$
20% student 3	\$	Year Book \$20	\$	Ensemble (Sep 1) _____	\$
30% student 4	\$	Childcare (B3, Jr Jazz 2, Mod C and down)	\$	Reg./Member Fee	\$
TOTAL MONTHLY FEES	\$	TOTAL SUPPLEMENTARY Divided by _____ months	\$		
		TOTAL MONTHLY SUPPLEMENTARY	\$		
5% Discount with payment in full					

Monthly Fees \$ _____ plus monthly supplementary costs \$ _____ = TOTAL MONTHLY \$ _____

PAYMENT AUTHORIZATION

I AUTHORIZE YBCS to process a monthly debit on my bank account to cover fees from 01/ /08 to 01/05/07.

Banking information is unchanged since last year _____ or attach a void cheque ____

(your signature) _____

OR

I AUTHORIZE YBCS to process a monthly debit to my Mastercard to cover fees from 01/ /07 to 01/05/08

Mastercard information is unchanged from last year, or _____ exp. Date _____

(your signature) _____