

**BALLET & DANCE OF
UPSTATE NEW YORK, INC.**

SUMMER SESSION - REGISTRATION FORM

Student Name: _____

Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell: _____

E Mail: _____

Number of classes per week: _____

CLASS: Day or Evening (circle one)

Please Specify: _____

Tuition: _____

Registration fee: \$10.00

Total Due Now: _____

BALLET & DANCE of Upstate New York is not responsible for any injuries sustained by the student during or as a result of any course of instruction to the student.

Signature: _____

(Must be signed to participate in our classes.
If under 18, parent's signature required.)

Please mail form and check (payable to Ballet & Dance of Upstate New York , Inc.) to:

Eileen Abbey
1764 Meeker Hill Rd.
LaFayette, N Y 13084