



BYPC Summer 2009 REGISTRATION

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ School/Grade (as of 9/09): _____

Student's E-mail: _____ Parent's E-mail: _____

Parent's Name(s): _____

Mom's Work #: _____ Cell #: _____ Dad's Work #: _____ Cell #: _____

Parent's Address (if different from student's):

City/State: _____ Zip: _____

Emergency Contact (other than parents): _____ Phone: _____

Medical Conditions/Allergies: _____

Acting, dance, voice, or music training (past or present): _____

I ___ do ___ do not grant permission for my child to be photographed or taped for future publication.

DESIRED CLASS/LESSON/PASS OR CAMPS:

1. _____
Date/Time (if applicable): _____
2. _____
Date/Time (if applicable): _____
3. _____
Date/Time (if applicable): _____
4. _____
Date/Time (if applicable): _____

COST

Camp Discounts: 10% off for two camps; 15% for three camps; 20% for five camps

Camp discounts apply to week long camps only

Minus Discount _____

TOTAL COST: _____

Credit Card Authorization:

Name on card: _____

Credit Card: 1 MC 1 Visa 1 American Express 1 Discover 1 Diners Club

Credit Card Number: _____ Exp. Date: _____

I authorize BYPC to charge \$_____ on the above credit card.

Signature: _____ Date: _____

Payment is due in full by June 1, 2009. All fees and tuitions are non refundable and non transferable after June 1, 2009.

Summer music lesson schedules are final and may not be rescheduled or refunded. Registration is only final upon receipt of tuition. Financial aid may be available. BYPC is a 501c3 non profit organization with a policy of non discrimination.