

Registration forms may be mailed with payment to:  
San Diego Civic Youth Ballet  
2125 Park Blvd., San Diego, CA 92101

# SDCYB SUMMER CAMP 2010

## Ages 4-6 and Ages 7-10

Dancer's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: Home: \_\_\_\_\_

Guardian's name(s): \_\_\_\_\_

Cell (Mother): \_\_\_\_\_ Cell (Father): \_\_\_\_\_

Work (Mother): \_\_\_\_\_ Work (Father): \_\_\_\_\_

Guardian E-mail: \_\_\_\_\_

\* SDCYB will NOT give out your email. SDCYB prefers to be able to email families with updates and announcements.

### **Camp A: Ages 4-6**

**MORNINGS 9:00 AM – 12:00 PM**

- \_\_\_ July 6 – July 9
- \_\_\_ August 16 – August 20
- \_\_\_ August 23 – August 27

### **Camp B: Ages 7-10**

**AFTERNOONS 1:00 PM – 4:00 PM**

- \_\_\_ July 6 – July 9
- \_\_\_ August 16 – August 20
- \_\_\_ August 23 – August 27

### **Tuition**

*10% discount for siblings*

\_\_\_ **\$105 Week 1 (four-day camp)**     \_\_\_ **\$130 Weeks 2 & 3 (each)**

Please read *carefully*, ask for any clarification and sign for your agreement to these policies:

I understand that:

- there are NO refunds or credits
- my child and I agree to the terms of the SDCYB Parent / Student Handbook

Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

I give my permission for my child's image to be used by SDCYB (no names). Yes:\_\_\_ No:\_\_\_

#### *Office use:*

Payment: _____	Ck#/Cash: _____	Receipt # _____	Balance: _____
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