

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

## SDCYB ADVANCED SUMMER INTENSIVE 2010

### SDCYB Levels 4, 5 & 6

**Non-SDCYB students please contact the office to schedule an audition.**

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.

### The SDCYB Advanced Summer Intensive is a 3 Week Program!

**Monday – Friday      July 12<sup>th</sup> – July 16<sup>th</sup>**  
**Monday – Friday      July 19<sup>th</sup> – July 23<sup>rd</sup>**  
**Monday – Friday      July 26<sup>th</sup> – July 30<sup>th</sup>**

**9:00 AM – 3:00 PM**

**Tuition**                      *10% discount for siblings*

**\$275.00 for 1 week only**

**\$500.00 for 2 weeks only**

**\$650.00 for 3 weeks**

**\$600.00 for 3 weeks if paid in full by June 1<sup>st</sup>.**

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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