CYSC REGISTRATION FORM			
Class Locat	ion:	Session:	Date Registered:
	e: e:		E-Mail Address:
Street Address City, Zip Code	o:		CLASS LEVELS: Jr. Stars (Beginner 5, 6, 7 yrs) Sr. Stars (Beginner 8 & up)
CLASS PAYMENT PLAN: (Please check one)		MATERIAL FEES: (Check item purchased)	
	Paid in Full 12 weeks -or- Weekly Class Fee (due eac	ch week!)	All Levels: () \$30 Performance Pom-Poms (Purchase from Instructor at class) () \$100 Performance Uniform Package (See Uniform Order Form)
PAYMENT AMOUNT: (Please staple payment to back of registration form)			
Class Fees: Materials: TOTAL:	\$ (Paid in Full o \$ (Pom-Poms o \$	• •	Cash: \$ Change: \$ Venmo: \$ Zelle: \$ Check #: Check Amt: \$ STUDENT NAME & CLASS LOCATION ON V&Z PAYMENTS!
CHECKS PAYABLE TO: CYSC ALL STARS (Write Driver's License # on all checks!) All returned checks are subject to a \$20 bank service fee! NO CLASS FEE REFUNDS AFTER WEEK #2!			