

CYSC REGISTRATION FORM

Class Location:

Session:

Date Registered:

Student Name: _____ Age: _____

Parents Name: _____

Street Address: _____

City, Zip Code: _____

Telephone No: _____

E-Mail Address: _____

CLASS LEVELS:

Jr. Stars (Beginner 5, 6, 7 yrs) _____

Sr. Stars (Beginner 8 & up) _____

CLASS PAYMENT PLAN: (Please check one)

() \$120 Paid in Full 12 weeks
Payable to the City!!

MATERIAL FEES: (Check item purchased)

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: \$_____ (Paid in Full)

Materials: \$_____ (Pom-Poms or Uniform)

TOTAL: \$_____

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!**