

Summer | Year: _____

REGISTRATION FORM

Mail this form to:
75 N. Marengo Ave. Pasadena, CA 91101
or fax to 626.376.9242

How did you hear about us? _____ Are you new? Are you returning?

Student's Name: _____ Age: _____ Birthdate*: _____ Sex: _____
Session: _____ Cost: _____

Student's Name: _____ Age: _____ Birthdate*: _____ Sex: _____
Session: _____ Cost: _____

Student's Name: _____ Age: _____ Birthdate*: _____ Sex: _____
Session: _____ Cost: _____

*Important Note: Student must be the exact age we require for each class on the date that class begins.

Place your order for a **FREE Summer Camp T-shirt!**



Size	Quantity*
Child Small	
Child Medium	
Child Large	
Adult Small	
Adult Medium	
Adult Large	
Adult X-Large	

*One t-shirt per registered student for Summer.
If size is not selected here, one will be chosen for you.
Sizes will vary upon availability.

Subtotal: _____
Discounts: _____
Donation to Scholarship Fund: _____
Grand Total: _____

Method of Payment: Check Enclosed
 Charge to my Credit Card: Visa MasterCard
 Card Account Number: _____
 Expiration Date: _____ CVS #: _____ Billing Zip: _____

Family Information:

Parent's Name: _____ Cell Phone: _____
 Parent's Occupation: _____ Work Phone: _____ Home Phone: _____
 Parent's Name: _____ Cell Phone: _____
 Parent's Occupation: _____ Work Phone: _____ Home Phone: _____
 Guardian's Name: _____ Home/Cell Phone: _____
 Student's Email: _____ Student's Cell Phone: _____
 Student's Home Address: _____ City/State: _____ Zip: _____
 Email address for updates and notices: _____
 Name of school student attends: _____

Please check here if your child needs special accommodations due to a medical condition or disability. If there is anything the Theatre 360 staff should know regarding your child's condition, please call the office at (626) 577-5922. We want to be aware of any special needs so that you and your child will have a positive experience at Theatre 360.

I have read, understand, and agree to all of the policies stated on Theatre 360's website X _____

For Office Use Only.

Date of Sign Up: _____

Method of Payment: _____ Deposit: _____ Date: _____ Credit Card: _____
 Cash: _____ Amount Received: _____ Date: _____ Visa
 Check: _____ Amount Received: _____ Date: _____ MasterCard
 Signed up for Automatic Debit Date: _____ Date of Payments/Amount: _____