



75 N. Marengo Ave. Pasadena, CA 91101
theatre360performingarts.com

REGISTRATION FORM

| Fall | Winter | Spring | Year: _____

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: _____
Class: _____ Cost: _____

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

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

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

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

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

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(s) 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 and understand 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 Payment Plan: Date of Payment 1/Amount: _____ 2: _____ 3: _____