



info@theatre360.org | 626-577-5922

FALL CLASSES 2020

Two Ways to Submit:

- Email to info@theatre360.org, you can either:
 - Scan or take a picture OR
 - Fill in directly & save under a new name
- Mail to: PO Box 70242, Pasadena, CA 91117

REGISTRATION FORM

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

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

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

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

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

Subtotal: _____

Discounts: _____

Donation to Scholarship Fund: _____

Grand Total: _____

Method of Payment: <input type="checkbox"/> Check Enclosed
Charge to my Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> 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(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: _____