

Family Name \_\_\_\_\_

Field Trip  
Registration

# SCHOOL OF ROCK

Location	Date	Start-End	Price	RSVP
<b>San Diego Civic Theatre</b> 1100 3rd Ave San Diego, CA 92101	Wednesday, <b>June 13, 2018</b>	7:00pm - 9:30pm	\$37 per person section PL2-Mezzanine \$27 per person section PL3-Balcony	Friday, May 18, 2018 (PL2-Max. 20/PL3-Max. 10)

\*When submitting this registration form, you must have already provided TLC with a master liability waiver that includes any medical information about your student. It is your responsibility to update your student's medical information as necessary with the school by completing a new Master Waiver.

\*Students must be in good standing (academic/behavioral) to attend events.

\*Priority is based upon the returned date. First come - first served.

\*Payment is required at the time of registration. Cash payment must be the exact amount. Checks payable to The Learning Choice Academy. No refunds or reimbursements once RSVP is submitted.

\*Parents are responsible for providing transportation and supervision. If your student will be attending with another adult or family, a written note must accompany the registration stating your detailed permission.

<b>Parent Name (Last, First):</b>		<b>Total Adults:</b>	<b>Total Students:</b>	<b>Total Siblings:</b>
<b>Phone:</b>		<b>Site (circle one):</b>		
<b>Email:</b>		<input type="checkbox"/> Chula Vista <input type="checkbox"/> Scripps Ranch <input type="checkbox"/> La Mesa <input type="checkbox"/> Temecula		
Names of those attending	Relationship to Student	Grade/Age	Form of Payment <small>Extended Units for students only</small> <b>Circle seating level:    PL2    PL3</b>	
1.	Parent    Student    Sibling		Cash_____ Check_____ EU's_____	
2.	Parent    Student    Sibling		Cash_____ Check_____ EU's_____	
3.	Parent    Student    Sibling		Cash_____ Check_____ EU's_____	
4.	Parent    Student    Sibling		Cash_____ Check_____ EU's_____	
5.	Parent    Student    Sibling		Cash_____ Check_____ EU's_____	
6.	Parent    Student    Sibling		Cash_____ Check_____ EU's_____	
<b>Special Instructions:</b> Everyone attending must have a ticket. Recommended for ages 6 and up. Please make sure to select your seating level preference (PL2 or PL3) Additional parking fee.				
<b>Signature:</b>		<b>Date:</b>	<b>Total Cash:</b>	
			<b>Check #:</b>	<b>Total:</b>
(For Internal Use Only) Received by: _____ Date: _____ Entered into FMP by: _____ Date: _____ Sent to EU Dept: _____ Date: _____			<b>Total Amount:</b>	

\*only 1 check is needed per event/family