

Family Name _____

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|------------------------------------|
| Field Trip Registration |
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ROMEO & JULIET

| Location | Date | Start-End | Price | RSVP |
|---|-------------------------------------|-----------------------------------|-----------------|---|
| Romeo & Juliet Sheryl & Harvey White Theatre 1363 Old Globe Way San Diego, CA 92101 | Sunday, November 19, 2017 | 7:00pm-10:00pm Check in 6:30pm | \$12 per person | Friday October 27, 2017 (Min/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.

| Parent Name (Last, First): | | Total Adults: | Total Students: | Total Siblings: |
|---|------------------------------|---|---|------------------------|
| Phone: | | Site (circle one): | | |
| Email: | | <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 Extended Units for students only | |
| 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 _____ | |
| Special Instructions: | | | | |
| Signature: | | | Date: | |
| | | | | |
| (For Internal Use Only) Received by: _____ Date: _____ | | | Total Amount: | |
| Entered into FMP by: _____ Date: _____ Sent to EU Dept: _____ Date: _____ | | | | |