Family Name _____

Field Trip Registration

The Science of Sound-SD Symphony

Location	Location	Start-End	Price	RSVP
Symphony Hall Jacobs Music Center 750 B St. San Diego, CA 92101	Friday, **October 26, 2018**	10:00 am - 11:00 am Check in 9:30 am	$5 per person	Friday October 12, 2018 (Min. 20/Max. 20)

*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 serve.

*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 reimbusements 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: **Email:**	Site (circle one):	Chula Vista La Mesa	Scripps Ranch 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:
Recommended for grades 2-8. Children must be 3 years or older to attend.
Additional parking fee.

Signature:	**Date:**	**Total Cash:** **Check #:** **Total:** *only 1 check is needed per event/family
(For Internal Use Only) Received by:_____ Date:_____ Entered into FMP by:_____ Date: _____Sent to EU Dept:_____ Date:_____		**Total Amount:**