

Family Name _____

Field Trip Registration

WICKED

Location	Date	Start-End	Price	RSVP
San Diego Civic Theatre 1100 3rd Ave San Diego, CA 92101	Wednesday, November 7, 2018	7:00pm - 9:30pm	\$73 per person section PL3-Mezzanine/Balcony \$44 per person section PL4-Side Balcony	Friday, October 19, 2018 (PL3-Max. 30/PL4-Max. 30)

*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="radio"/> Chula Vista <input type="radio"/> Scripps Ranch <input type="radio"/> San Diego/La Mesa <input type="radio"/> Temecula			
Names of those attending	Relationship to Student			Grade/Age	Form of Payment
	Parent	Student	Sibling		Extended Units for students only Circle seating level: PL3 PL4
1.					Cash_____ Check_____ EU's_____
2.					Cash_____ Check_____ EU's_____
3.					Cash_____ Check_____ EU's_____
4.					Cash_____ Check_____ EU's_____
5.					Cash_____ Check_____ EU's_____
6.					Cash_____ Check_____ EU's_____
Special Instructions:					
Everyone attending must have a ticket. Recommended for ages 6 and up. Please make sure to select your seating level preference (PL3 or PL4) Additional parking fee.					
Signature:				Date:	Total Cash:
					Check #: Total:
				*only 1 check is needed per event/family	
(For Internal Use Only) Received by: _____ Date: _____				Total Amount:	
Entered into FMP by: _____ Date: _____ Sent to EU Dept: _____ Date: _____					