

Family Name _____

Field Trip Registration

THE NUTCRACKER

Location	Date	Start-End	Price	RSVP
San Diego Civic Theatre 1100 3rd Ave San Diego, CA 92101	Friday, December 21, 2018	7:00pm - 9:00pm	\$20 per person Orchestra \$10 per person Balcony	Friday, November 16, 2018 (Min. 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):	Chula Vista	Scripps Ranch
Email:		San Diego/La Mesa	Temecula

Names of those attending	Relationship to Student	Grade/Age	Form of Payment
			Extended Units for students only Circle seating level: Orchestra or Balcony
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: Children must be at least 5 years old to attend.
 Everyone attending must have a ticket. Please make sure to select your seating/price level (Orchestra or Balcony).
 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: _____		