

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

<b>Field Trip Registration</b>
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# HELLO DOLLY

Location	Date	Start-End	Price	RSVP
<b>San Diego Civic Theatre</b> 1100 3rd Ave San Diego, CA 92101	Wednesday, <b>January 16, 2019</b>	7:00pm - 9:30pm	\$50 per person section PL3-Mezzanine/Balcony \$29 per person section PL4-Side Balcony	Friday, December 21, 2018 (PL3-Max. 20/PL4-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 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>		Site (circle one):			
<b>Email:</b>		<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: <b>PL3</b> <b>PL4</b>
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_____
<b>Special Instructions:</b>					
Everyone attending must have a ticket. Recommended for ages 8 and up. Please make sure to select your seating level preference (PL3 or PL4) Additional parking fee.					
<b>Signature:</b>				<b>Date:</b>	<b>Total Cash:</b>
					<b>Check #:</b> <b>Total:</b>
				*only 1 check is needed per event/family	
(For Internal Use Only) Received by: _____ Date: _____				<b>Total Amount:</b>	
Entered into FMP by: _____ Date: _____ Sent to EU Dept: _____ Date: _____					