

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

Special Event  
Registration

# TLC PROM

Location	Date	Start-End	Price	RSVP
<b>The US Grant</b> 326 Broadway San Diego, CA 92101	Thursday, <b>May 16, 2019</b>	6:00 pm - 10:00 pm 6:00 pm Check in	<b>\$60 per person</b>	Friday May 3, 2019

\*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.

\*Parents are responsible for providing transportation.

<b>Parent Name (Last, First):</b>			<b>Total Students:</b>	<b>Total Guests:</b>
<b>Phone:</b>		<b>Site (circle one):</b>	Chula Vista	Scripps Ranch
<b>Email:</b>			San Diego/La Mesa	Temecula
Names of those attending	Relationship to Student Please circle one	Grade/Age High School Only	Form of Payment Extended Units for TLC students only Add individual amount by form of payment	
1.	TLC Student    Guest		Cash_____ Check_____ EU's_____	
2.	TLC Student    Guest		Cash_____ Check_____ EU's_____	
3.	TLC Student    Guest		Cash_____ Check_____ EU's_____	
4.	TLC Student    Guest		Cash_____ Check_____ EU's_____	
<b>Special Instructions:</b>				
Students may bring 9th-12th grade guests. Additional guest waiver required. Includes appetizers and desserts. Photo package available. Additional fee for parking (\$20 at US Grant).				
<b>Dietary Restrictions (please specify ie: vegetarian, gluten free) :</b>				
<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: _____				