

Family Name _____

Field Trip
Registration

SIX FLAGS MAGIC MOUNTAIN

Location	Date	Start-End	Price	RSVP
Six Flags Magic Mountain 26101 Magic Mountain Pkwy. Valencia, CA 91355	Monday May 20, 2019	10:30 am - 6:00 pm Park Hours Check in 10:00 am	\$40 per person (ages 3 and above need ticket)	Friday April 12, 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. 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:			La Mesa	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:					
Children 2 and under are free and should not be listed on RSVP form. Additional \$25 parking fee.					
Signature:				Date:	Total Cash:
					Check #:
				*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: _____					