

Family Name _____

Event Registration

SHOWCASE 2019

Location	Date	Start-End	Price	RSVP
Your TLC Resource Center	Monday June 3, 2019	10:00 am - 12:00 pm	Free	Friday May 17, 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:		San Diego/La Mesa Temecula		
Names of those attending: Please circle relationship		Grade/Age	_____ Our Family will complete one project instead of individual projects Family Project Title: _____	
1.	Parent Student Sibling		Project Title: _____ _____ Electricity _____ Extra Space Needed (explain _____)	
2.	Parent Student Sibling		Project Title: _____ _____ Electricity _____ Extra Space Needed (explain _____)	
3.	Parent Student Sibling		Project Title: _____ _____ Electricity _____ Extra Space Needed (explain _____)	
4.	Parent Student Sibling		Project Title: _____ _____ Electricity _____ Extra Space Needed (explain _____)	
5.	Parent Student Sibling		Project Title: _____ _____ Electricity _____ Extra Space Needed (explain _____)	
Special Instructions: All students showcasing projects will receive a ribbon.				
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: _____				