

Family Name _____

Field Trip
Registration

ANASTASIA

Location	Date	Start-End	Price	RSVP
San Diego Civic Theatre 1100 3rd Ave San Diego, CA 92101	Friday, October 4, 2019	7:30pm - 10:00pm	\$40 per person section PL2-Mezzanine \$30 per person section PL3-Balcony	Friday, September 20, 2019 (PL2-Max. 40/PL3-Max. 30)

*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:		La Mesa		
Names of those attending	Relationship to Student	Grade/Age	Form of Payment <small>Extended Units for students only</small> Circle seating level: PL2 PL3	
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: Everyone attending must have a ticket. Recommended for ages 7 and up. Please make sure to select your seating level preference (PL2 or PL3) Additional parking fee.				
Signature:		Date:	Total Cash:	
			Check #:	Total:
(For Internal Use Only) Received by: _____ Date: _____ Entered into FMP by: _____ Date: _____ Sent to EU Dept: _____ Date: _____			Total Amount:	
<small>*only 1 check is needed per event/family</small>				