



Fall | Winter | Spring  
(circle one)

Year: \_\_\_\_\_

# REGISTRATION FORM

Mail this form with payment to Theatre 360  
75 N. Marengo Ave. Pasadena, CA 91101  
OR register online at theatre360.org

Date of Registration: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Are you new?  Are you returning?

### Student Information:

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Class: \_\_\_\_\_ Cost: \_\_\_\_\_

Name of School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Class: \_\_\_\_\_ Cost: \_\_\_\_\_

Name of School: \_\_\_\_\_

Sibling or multi-class discount: [\$15.00]

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Class: \_\_\_\_\_ Cost: \_\_\_\_\_

Name of School: \_\_\_\_\_

Sibling or multi-class discount: [\$15.00]

\*Important Note: Student must be the exact age we require for each class on the date that class begins.

Subtotal: \_\_\_\_\_

<b>Method of Payment:</b>	<input type="checkbox"/> Check Enclosed
Charge to my Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card Account Number:	_____
Expiration Date:	_____ CVS #: _____
Zip code of billing address:	_____

Donation to Scholarship Fund  
(tax deductible): \_\_\_\_\_

**Grand Total:** \_\_\_\_\_

### Family Information:

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address for updates and notices: \_\_\_\_\_

Name of school student attends: \_\_\_\_\_

Please check here if your child needs special accommodations due to a medical condition or disability. If there is anything the Theatre 360 staff should know regarding your child's condition, please call the office at (626) 577-5922. We want to be aware of any special needs so that you and your child will have a positive experience at Theatre 360. I have read and understand all of policies stated on Theatre 360's website X \_\_\_\_\_

**Please Do Not Write Below This Line. For Office Use Only.**

Date of Sign Up: \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Deposit: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card:

Cash: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Date: \_\_\_\_\_

Visa

Check: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Date: \_\_\_\_\_

MasterCard

Signed up for Automatic Debit Date: \_\_\_\_\_