

# Theatre 360

## REGISTRATION FORM

Summer | Year: \_\_\_\_\_

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

Session: \_\_\_\_\_ Cost: \_\_\_\_\_

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

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

Session: \_\_\_\_\_ Cost: \_\_\_\_\_

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

Sibling or multi-session discount: [\$25.00]

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

Session: \_\_\_\_\_ Cost: \_\_\_\_\_

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

Sibling or multi-session discount: [\$25.00]

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

Place your order for a FREE Summer Camp T-shirt!



Size	Quantity*
Child Small	
Child Medium	
Child Large	
Adult Small	
Adult Medium	
Adult Large	
Adult X-Large	

\*One t-shirt per registered student. If size is not selected here, one will be chosen for you. Sizes will vary upon availability.

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

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

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

**Method of Payment:**  Check Enclosed  
 Charge to my Credit Card:  Visa  MasterCard  
 Card Account Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ CVS #: \_\_\_\_\_

### 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: \_\_\_\_\_