

Arts Education Program Registration Form

NEW CUSTOMER!
 RETURNING CUSTOMER
 YES! I'd like to receive promotional Emails & class notifications



ADULT / PARENT OR GUARDIAN INFORMATION

LAST NAME		FIRST NAME		BIRTH DATE	
STREET ADDRESS			CITY		ZIP
PREFERRED PHONE		ALTERNATE PHONE		EMAIL	

ACTIVITY REGISTRATION FOR PARTICIPANT(S)

FIRST & LAST NAME	BIRTH DATE	GENDER			NAME OF ACTIVITY	CLASS #	FEE \$
		F	M	Other			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TOTAL							

To assure our programs benefit all who attend, please check box here if ANY participant has special needs requiring special accommodations.

I hereby agree to indemnify and hold harmless the City of Tracy, its officers and employees, and any community organization co-sponsoring the program from and against any and all liability for any injury which may be suffered by me or my child, arising out of or in any way connected with participation in the program named above. My signature below indicates that I am aware of and understand how this program will be conducted. I understand that a refund/credit will not be issued unless requested no later than 5 business days prior to the first day of the activity. I understand that unless otherwise notified, the City of Tracy reserves the right to utilize photos, video, and/or quotes of program participants for the specific purpose of promoting their programs and facilities.

SIGNATURE _____ DATE _____


Total Amount Enclosed: _____ Payment Type: Credit Cash Check Other

Please charge my: VISA MasterCard American Express Discover

Mail check payable to: CITY OF TRACY

Card # _____ Exp: _____ CVV #: _____

Name as it appears on card: _____

 VISA/MASTERCARD/DISCOVER
(3 digit # on back)

Cardholder's Signature _____

 AMERICAN EXPRESS
(4 digit # on front)

WALK-IN

Grand Theatre Center for the Arts
715 Central Avenue
Mon – Thurs 8 am – 6 pm
& every other Friday 8 am – 5 pm
(Excluding holidays)

MAIL-IN

Mail your registration form
& non-cash payment to:
Grand Theatre Center for the Arts
ATTN: Program Registration
715 Central Avenue
Tracy, CA 95376

REGISTER NOW!

Create account & register online at:
tracyartsandrec.com or call 209-831-6858

FAX your completed registration
form with valid credit card information
to: 209-831-6271