

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"/>			
<input type="checkbox"/> To assure our programs benefit all who attend, please check box here if <u>ANY</u> participant has special needs requiring special accommodations.							TOTAL

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 10 am – 6 pm
& every other Friday 10 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