

Arts Education Program Registration Form



ADULT / PARENT OR GUARDIAN INFORMATION

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

YES! I'd like to receive text messages, Emails & class notifications
 Phone service provider for texts _____

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 _____

FOR MAIL USE ONLY

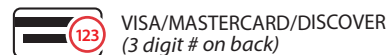
Total Amount Enclosed: _____ Payment Type: Credit Cash Check Other

Please charge my: VISA MasterCard American Express Discover

Mail check payable to: CITY OF TRACY

Card # _____ Exp: _____ CVV #: _____

Name as it appears on card: _____



Cardholder's Signature _____



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