

Village Theatre KIDSTAGE

REGISTRATION FORM

Issaquah / Everett

Fall / Winter / Spring / Summer 20__

Adult Name _____

Address _____ City _____ State _____ Zip _____

Adult Email _____ Adult Employer _____

Home Phone () _____ Alt. Phone () _____

Student's School _____ District _____

How did you learn about our program? _____

STUDENT NAME(S)	M/F	AGE/ GRADE*	CLASS/CAMP DAY OF WEEK/TIME	CLASS FEE	DISCOUNT if applicable †	TOTAL

* For summer camps, register for the grade student will be entering in the Fall.

† 10% discount when registering more than one student from the same family, or when registering for more than one class. Not valid with any other offers.

SUBTOTAL _____

Tax deductible Donation _____

THANK YOU!

PAYMENT INFORMATION:

Check enclosed Ck. # _____

TOTAL DUE _____

TOTAL ENCLOSED _____

Charge my Visa Mastercard American Express

BALANCE DUE _____

Card # _____

Exp. Date _____ CID _____

Signature _____

IMPORTANT NOTE: Cancellations up to, and including the first day of class/camps will be refunded less a \$50.00 non-refundable deposit. For all-day summer camps in Issaquah only, the non-refundable deposit is \$100.00. No refunds will be given after the second class/camp in either location.

OFFICE USE ONLY (Date and Initial)

Registration Rec'd _____ Entered on Class List _____ Deposit Entered in TM _____

Balance Entered in TM _____ Payment Agreement Rec'd _____