



auburn public studio

REGISTRATION FORM

Student Name _____ Age/DOB _____ Date _____

Parent/Guardian Name _____ Relationship to Student _____

Parent/Guardian Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

Is there anything else we need to know about your child?
Special needs? Allergies? Anything you would like the instructor to know?

How did you learn about Auburn Public Studio? _____

Photo Release: I give Auburn Public Theater permission to use any photos taken of my child for promotional materials.

Signature of Parent/Guardian _____ Date _____

Write CLASS(ES) ATTENDING Below:

Class 1 _____ Price _____

Class 2 _____ Price _____

Class 3 _____ Price _____

TOTAL DUE : _____

METHOD OF PAYMENT
CHECK ONE:
 PAY NOW IN FULL
 APPLYING FOR SCHOLARSHIP
 PAYMENT PLAN: \$_____/month

CHECK ONE:
 CASH
 CHECK # _____
 CREDIT CARD:
CC# _____
EXP. Date: _____ SEC Code: _____