

PISCES MOON
EDUCATIONAL THEATRE

Registration Information

Please see web site for the latest class and registration information. www.piscesmoon.org

To register:

- 1) Print and complete the registration form. Please print clearly and be specific.
- 2) Prepare a package which includes
 - ! Your payment (credit card information or check made out to "Pisces Moon")
 - ! Your Registration form(s) (1 per student)
 - ! Your Emergency Information & Waiver form (1 per student)

3) Mail your completed package to:

Pisces Moon Educational Theatre
P.O. Box 3422
Santa Cruz, CA 95063

Registration Policies:

Class availability subject to change. Your registration is not confirmed until we have confirmed and processed your payment.

Changes to registration subject to availability.

Sorry, no refunds or credits once your application is received and processed.

Class Information:

Drop Off and Pick up are immediately before and after class.

Bring a lunch and lots of water.

Light, healthy snacks are provided. If your child has special dietary needs or preferences, please feel free to pack ample snacks for them.

Any further questions?

Please email us at admin@piscesmoon.org.

Pisces Moon Educational Theatre
Box 3422 Santa Cruz, CA 95063
831-429-2328 www.piscesmoon.org

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Class Registration Form

Student Name: _____ Date Of Birth: ____/____/____

Age: _____ Grade: _____ School: _____

Address for all correspondence

Street: _____

City: _____, State: _____, Zip: _____

PARENT / STEPPARENT / GUARDIAN (at this address): _____

Name: _____

Phone (day): _(____)____ - _____ Phone (evening): _(____)____ - _____

E-mail: _____@_____

PAYMENT INFORMATION _____

Select method of payment: " Check enclosed or " credit card information below

If paying by Credit Card, please provide

Credit Card #: _____ Expiration Date: _____

Name as it appears on card: _____

Your signature authorizing us to charge your credit card: _____

CLASS INFORMATION _____

Please list classes desired:

Course Price:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Subtotal: _____

10% Sibling Discount (only for 2 student in same class) nd _____

Total: _____

EMERGENCY INFORMATION & WAIVER _____

Please be sure to also complete the Emergency Information & Waiver form.