

# 2010 Summer Academy Enrollment Form

Please fill out and return to The Chattanooga Theatre Centre

P.O. Box 4023, Chattanooga TN, 37405 Fax: 423-664-1211 Phone: 423-267-8534

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Class name	Starting Date	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount Due: \$\_\_\_\_\_

I have enclosed my full payment of \$ \_\_\_\_\_

Method of Payment:  Cash  Check  Visa  MasterCard  Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send me information about Extended Care

## The Fine Print

PAYMENT - All payments must be made at the box office; via phone, fax, U.S. mail or in person. Reservations will not be held until a non-refundable deposit of \$100 is received. **The balance is due two weeks before the first class.** NOTE - There is a \$1.50 service charge for all credit card transactions.