

Registration

Student First _____ Student Last _____
Age) _____ Grade _____
Parent/Guardian First _____ Parent/Guardian Last _____
Mailing Address _____
City _____ State _____ Zip _____
Email _____
Primary Phone _____ Secondary Phone _____
Allergies/Special Considerations Yes No
If yes, please describe in detail _____

I would like to register for the following class(es)

Class & Location	Session	Time	Tuition
Supply fee (when applicable) see class description _____			Total: _____
Education Donation: _____			

Payment information:

- I am enclosing a check payable to the Broadway Center for the Performing Arts
- Please charge my credit card
 - for my tuition paid in full
 - \$75 (per class) to hold my spot, with the balance due by the first day of class
 - \$25 (per class) to hold my spot as I am considered for a financial aid award.

Credit Card Information

Card Type: VISA MC AMEX Discover
Card Number: _____
Expiration Date: _____ CV Code (last 3 from back of card) _____
Billing Address: same as mailing address y/n? _____
Street: _____
City, State, Zip _____

Please Mail or Fax to:

Broadway Center Box Office
901 Broadway Suite #700, Tacoma, WA 98402-4415
Phone: 253.591.5894 Fax: 253.591.2013
Hours: Monday - Friday 11 – 6 pm and Saturday, noon – 4 pm

Conservatory Contact:

Katie Stricker - Education Manager
kstricker@broadwaycenter.org
253.573.2518