

# REGISTRATION FORM

STUDENT'S NAME

PARENT'S NAME (FOR STUDENTS UNDER 18)

ADDRESS

CITY

POSTAL CODE

HOME #

ALTERNATE #

FAX #

EMAIL

DATE OF BIRTH (M/D/Y)

MALE  FEMALE

ARE YOU A RETURNING STUDENT? YES  NO

Please indicate any relevant medical or behavioural challenges the student may have.

(eg asthma, allergies, ADD/ADHD, diabetes):

Name of Class	Code	Time	Class Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL FEES \$ \_\_\_\_\_

DISCOUNT (see information)  MULTIPLE  FAMILY  SUBSCRIBER < \$ \_\_\_\_\_ >

SUBTOTAL \$ \_\_\_\_\_

REGISTRATION FEES # OF COURSES \_\_\_\_\_ X \$20.00= \$ \_\_\_\_\_

YOUR DONATION TO PTE (A TAX RECEIPT WILL BE ISSUED) \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

Enclosed is my cheque or money order payable to: **Prairie Theatre Exchange**

or charge to the following account:  Visa  MasterCard  AMEX

CREDIT CARD #

\_\_\_\_\_/\_\_\_\_\_  
EXPIRY DATE

SIGNATURE

NAME ON CARD