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Student Name

Parent/Guardian Name(s)

Mailing Address

Email

()

Primary Phone

()

Secondary Phone

Age

Grade

School

Emergency Contact

Relation to Student

Phone Number

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

Class #

Title

Session Time

Tuition

Supply fee (when applicable) see class description _____

Total: _____

___ I am applying for financial aid

(Please obtain financial aid form on the web and include \$25 deposit with your application.)

___ Check enclosed made payable to Broadway Center.

___ Please charge my credit card (note: registration not complete until tuition is processed).

Card Type: VISA MASTERCARD AMEX DISCOVER

Card Number: _____

Expiration Date: _____ CVV Code (last 3 from back of card): _____

Billing Address: _____

Amount to be charged: _____

Please mail or fax this form with tuition to:

Broadway Center Box Office: Conservatory Registration

901 Broadway, Suite 700 Tacoma, WA 98402

Phone 253-591-5894 Fax: 253-591-2024



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Nyree Martinez 253-591-5202