



PATEL CONSERVATORY

STRAZ CENTER FOR THE PERFORMING ARTS

Registration Form

One form per student please.

Mail completed form to:

Straz Center • P.O. Box 518 • Tampa, FL 33601-0518

Attn: Conservatory Registrar

Phone: 813.222.1002 • Fax: 813.222.1277

STUDENT INFORMATION

Student name: _____

Mailing address: Street _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Birth date _____ Age _____ Male ___ Female ___

EMERGENCY CONTACT INFORMATION

Please fill out the information in the box if the student is less than 18 years of age.

School: _____ Current grade level: _____

Father's name: _____ Home phone: _____

Place of employment: _____ Work phone: _____

Mother's name: _____ Home phone: _____

Place of employment: _____ Work phone: _____

Parent's email: _____ Parent's cell phone: _____

Approved person(s) for child pick up: _____

Emergency contact: _____ Phone: _____

Hospital of choice (in case of emergency): _____

Describe any health problems, injuries, allergies or special needs that the student has or any medications the student is taking:

How did you hear about us? (check all that apply)

Internet TV Friend-Please list student's name if referred by a Conservatory student:

Email Radio School

Newspaper Billboard Other

ALL sections of registration form must be completed in full.

CLASS INFORMATION

Please check one of the following:

- Paying tuition in full** **Paying tuition monthly (not applicable for summer)**
(Please indicate corresponding price below)

Class number	Class title	Price
	Costume fee (if applicable)	
	\$25 registration fee (Waived for all current David A Straz Jr Center for the Performing Arts members.) (Registration fee of \$25 per student. \$50 maximum registration fee, per immediate family.)	
	SUPPORT THE PATEL CONSERVATORY Annual member benefits start at \$100.	
	One-Time Contribution For Arts Education	<input type="checkbox"/> \$5 <input type="checkbox"/> Other \$___
	Registration total	

PAYMENT INFORMATION

Tuition must be paid in full at time of registration OR must be paid monthly by pre-authorized debit from a bank account or credit card with that information provided at time of registration (if applicable). Class tuition is non-refundable.

REGISTRATION PAYMENT INFORMATION (initial payment)

- Check or money order # _____ Cash \$ _____ Credit card (see below)

Name as it appears on card: _____

Credit card number: _____ - _____ - _____ - _____ Expiration date: _____

Billing Address _____
 (If different from mailing address) STREET CITY/ STATE/ ZIP CODE

Signature of account holder _____ Date _____

MONTHLY PAYMENT INFORMATION (not applicable for summer)

Debit amount: _____ Beginning date: _____

BANK DRAFT (CHECKING ACCOUNT ONLY)

Please attach a voided check to this form if you wish to use the bank draft option.

CREDIT CARD

Name as it appears on card: _____

Credit card number: _____ -- _____ -- _____ -- _____ Expiration date: _____

Billing address (If different from mailing address): _____

Street _____ City/State/ZIP _____

Signature of account holder _____ Date _____ Staff signature _____