



Spring 2017 Registration.

Catherine Peterson, Coordinator

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There are 2 ways to register

1. Mail this completed form with payment to:
Community Schools
2101 E. River Rd.
Tucson, AZ 85718
Attn: Catherine Peterson
2. You may register in person by returning the completed form to the coordinator, or turning it in with payment to Community School office between the hours of 8:30 a.m. and 4:30 p.m.

Community Schools Release Statement and Expectations for Appropriate Conduct

My signature below is my acknowledgement that I am waiving any right I have, or may have in the future, to file a claim or lawsuit against Catalina Foothills Community Schools or Catalina Foothills School District for any loss, expense, or injury to myself from my participation in any activity or program involving Catalina Foothills Community Schools. In this paragraph Catalina Foothills Community Schools and Catalina Foothills School District includes board member, employees and volunteers of Catalina Foothills Community Schools and Catalina Foothills Schools District.

My signature below is my acknowledgement that I will follow all Catalina Foothills Schools District polices rules and regulations that apply to regular classrooms. I understand that my interactions with other members of the Foothills Phil, the Conductors, and CFSD Community Schools staff must understand that my failure to adhere to the expectations set out in this paragraph could result in termination of my enrollment in the Foothills Phil.

Participant Signature: _____ Date: _____

For participants under 18 years:

Parent/Guardian Signature: _____ Date: _____

Clearly fill out the information below

- 1. Registration for returning members will open **3 November 2016**, and will close **2 February 2017**
- 2. Registration for new members will open **4 December 2016**, and closes **9 February 2017**

Please make it a goal to miss no more than 3 rehearsals per semester.

Name: _____

Address: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Check the following that apply:

- I'm a new member
- I need a name-tag
- I am returning after being absent. What year did you join (optional): _____
- Some of my information above has changed
- Profession: _____
- I am a student. What grade: _____ School attending: _____

Instrument: _____ Please circle all that apply: 1st 2nd 3rd 4th

Fee for this semester (NO CAHS): \$40.00 a person
(ask about the family discount)

Please make checks payable to
Community Schools

Amount Due: \$ _____

The registration fee is non-refundable

You may pay by credit card. Please circle the correct one: Visa MasterCard Discover		
Name as it appears on card: _____		
Car number: _____ - _____ - _____ - _____	Exp. Date: _____	
Authorization Signature: _____	Date: _____	

For office use only:			
Check # _____	Amount \$ _____	Reg. ID # _____	Entered by/date: _____