



Spring 2020 Registration
Louisa Muir, Coordinator
(520) 209-7564, lmuir@cfsd16.org

TWO WAYS TO REGISTER:

1. US Mail:

Community Schools
2101 E. River Rd.
Attn: COMMUNITY SCHOOLS
Tucson, AZ 85718

2. In Person:

- Stop by the Community Schools Office on these days:
Monday – Friday, between the hours of 8:30 am – 4:30 pm
- At Rehearsal:
You can hand this form to Louisa Muir

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 members, employees, and volunteers of Catalina Foothills Community Schools and Catalina Foothills School District.

My signature below is my acknowledgement that I will follow all Catalina Foothills Schools District policies, 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 follow Catalina Foothills School District guidelines. I 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 **November 28, 2019**, and will close **February 6, 2020**
- 2. Registration for new members will open **December 5, 2019** and will close **February 6, 2020**.

BOTH SIDES OF THIS FORM NEED TO BE FILLED OUT IN ORDER TO PLAY.

Name: _____

Address: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Check the following that apply:

- I am 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. Grade: _____ School attending: _____

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

Fee for this semester: \$40.00 a person

Amount Due: \$ _____

Please make checks payable to
Community Schools

The registration fee is non-refundable

Please complete if paying by credit card

Please circle the correct one: **Visa** **MasterCard** **Discover**

Name as it appears on card: _____

Card number: _____ - _____ - _____ Exp. Date: _____ CVV: _____

Authorization Signature: _____ Date: _____

For office use only:

Check #	Amount \$	Reg. ID #	Entered:
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