



Fall 2009 Session Enrollment Form

Please visit magiktheatre.org for complete class listings and age recommendations.

Child's Name _____ Age _____ Grade _____
Requested Academy Class _____

Additional Child's Name _____ Age _____ Grade _____
Requested Academy Class _____

Additional Child's Name _____ Age _____ Grade _____
Requested Academy Class _____

Address _____
City/State/Zip _____
Email _____ Home Phone _____

Child's School(s) _____
Parent Name(s) _____
Work Phone# _____ Cell Phone# _____

Tuition:
\$175 x Qty. _____ \$275 x Qty. _____

TOTAL DUE: \$ _____

Check Enclosed - If mailing check, please mail completed registration form/check to:
The Magik Theatre, 420 S. Alamo, San Antonio, Texas 78205

VISA/MC/DISC/AMEX (Please circle one)
Card No. _____

Exp. Date _____ Signature _____

You can also fax your registration form to: (210)227-2753