



THE MAGIK THEATRE "SPRING ON STAGE" SPRING BREAK CAMP
2010 Session Enrollment Form

Child's Name _____ Age _____ Grade _____

Families of 2 or more children will receive a 10% discount off tuition.

Additional Child's Name _____ Age _____ Grade _____

Additional Child's Name _____ Age _____ Grade _____

Child's School(s) _____

Address _____ City/State/Zip _____

Email _____

Parent Name(s) _____

Home Phone _____

Work Phone# _____

Cell Phone# _____

TUITION:

\$280 x Qty. _____

After Care: _____ hours @ \$7/hour

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