

summer program order form

2018



contact information *(please print legibly)*

student name

birth date *(mm/dd/yyyy)*

parent/guardian name(s)

billing address

city

state

zip code

phone

email *(mandatory)*

method of payment

- check* credit card call me for credit card information

type of card: Visa Mastercard Discover American Express

name that appears on credit card

credit card number

expiration date

CVC (3-digit number on back of card)

billing zip code

** Make payable to Dr. Phillips Center for the Performing Arts.*

application checklist

- complete & sign order form
 include method of payment

Dr. Phillips Center for the Performing Arts
Attn: School of the Arts
155 East Anderson Street
Orlando, FL 32801

407.455.5551
classes@drphillipscenter.org



class order form

program name	section a or b (if relevant)	tuition
		total cost:

please sign

I have read the 2018 Dr. Phillips Center Florida Hospital School of the Arts policies and procedures and agree to attend the program(s) noted above.

- 1. I understand I must pay in full before my program(s) start and I will not be refunded this tuition payment unless my program(s) are cancelled.
- 2. I understand I am making a commitment to attend all or most program days.
- 3. I am above 18 years old or my parent/guardian consents to my order.
- 4. I will read the student handbook, adhere to those rules and complete all additional paperwork on or before my first class.
- 5. The information in this application is correct to the best of my knowledge.
- 6. I understand all sales are final.

student name, if 18+ (or parent/guardian name) *please print*

student name, if 18+ (or parent/guardian name) date