

# 22/23 class order form

## semester

fall      spring      summer

## contact information

student name \_\_\_\_\_ student date of birth \_\_\_\_\_

t-shirt size (XS-XXL) *specify youth or adult* \*\* \_\_\_\_\_

parent/guardian name \_\_\_\_\_

billing address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

contact phone (*mandatory*) \_\_\_\_\_ contact email (*mandatory*) \_\_\_\_\_ secondary email (*recommended*) \_\_\_\_\_

\*\*t-shirt size only applicable for summer camp registrants

## method of payment

Will you be paying monthly tuition or full tuition?      monthly\*      full  
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 \_\_\_\_\_

*\*If paying monthly, please complete a Monthly Payment Plan Agreement. Monthly payments are automatic and will be charged on the first business day of each month. Cash is not accepted.*

*\*\* Make payable to Dr. Phillips Center for the Performing Arts. Not valid for monthly payment plans.*

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  
drphillipscenter.org/classes



## 22/23 class order form

class name	course #	semester or monthly tuition

total cost:

### please sign

I have read the 22/23 policies and procedures and agree to attend the class(es) noted above.

1. I understand I will not be refunded this tuition payment unless my class is cancelled.
2. I understand I am making a commitment to attend all or most classes.
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.

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

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student signature (or parent/guardian, if minor)

date

#### application checklist

complete & sign order form

include method of payment

If you have any questions, call 407.455.5551 or email [classes@drphillipscenter.org](mailto:classes@drphillipscenter.org).