

Summer 2022

<b>CARY-GROVE PERFORMING ARTS CENTRE (CGPAC)</b> 21 Jandus Rd, Cary, IL 60013    www.CGPAC.com    (847) 639-3800 or scan and email to CGPAC1@gmail.com
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Family Name: \_\_\_\_\_

(Adult First)                  (Last)                                  (Street Address)

\_\_\_\_\_

(Preferred Phone Number)                  (City)                  (State)                  (Zip)

\_\_\_\_\_

(Alternate Phone)                                  (E-mail Address)

\_\_\_\_\_ (Cell Phone Carrier ie; Verizon, T-Mobile, etc)    \*By providing your cell carrier, we will be able to send urgent info out to you via text through our registration system. Without the provider, we cannot send SMS messages from our computer program to your phone. This will only be used for class specific messages.

\_\_\_\_\_ **I have submitted the Liability Waiver ([link to waiver on cgpac.com](http://link.to.waiver.on.cgpac.com)) This must be submitted in order to participate.**

Participant	Class Name	Week #	ID Code	Birthdate	Gender	Tuition Payment (amount due now)

Total Tuition due Upon Registration: \$ \_\_\_\_\_

Indicate payment type: \_\_\_\_\_    New Family? If yes, please add \$25.00 registration fee: \$ \_\_\_\_\_

\_\_\_\_\_ Check to CGPAC                  \_\_\_\_\_ Cash                                  Less any account credits: <\$ \_\_\_\_\_>

\_\_\_\_\_ CGPAC Account Credit    \_\_\_\_\_ Paid CC online at CGPAC.com

\_\_\_\_\_ Charge my credit card (information on next page)                  Total Payment Enclosed Today: \$ \_\_\_\_\_

For Office Use:    Classes Entered: \_\_\_\_\_    Tuition Schedule Entered: \_\_\_\_\_    Payment Rec'd: \_\_\_\_\_    Payment Entered: \_\_\_\_\_

Online Credit Card Authorization Form

**To pay via credit card, please provide the following information. Your payment will be processed and a copy of the receipt will be emailed to you upon request.**

Card Type:      Visa                      Mastercard                      American Express                      Discover

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_      3 Digit CVC Code: \_\_\_\_\_      Billing Zip Code \_\_\_\_\_

\_\_\_\_\_ By initialing here I authorize the Cary-Grove Performing Arts Centre to charge my credit card.

Today's Date: \_\_\_\_\_

Would you like a receipt emailed to you? \_\_\_\_\_

**Or make payment online at CGPAC.com and indicate on front of form when submitting registration.**