

Maui Academy of Performing Arts ~ MAPA

81 N. Church St., Wailuku HI 96793 | p: 244-8760 | f: 244-6530

friendsofmapa@mauiacademy.org | www.mauiacademy.org

Student Last Name, First

2010 Fall Academy Classes

Student 1 Last: <input type="text"/> First: <input type="text"/> Age: <input type="text"/> School: <input type="text"/> Grade: <input type="text"/> DOB: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	Student 2 Last: <input type="text"/> First: <input type="text"/> Age: <input type="text"/> School: <input type="text"/> Grade: <input type="text"/> DOB: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	Student 3 Last: <input type="text"/> First: <input type="text"/> Age: <input type="text"/> School: <input type="text"/> Grade: <input type="text"/> DOB: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F
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Mailing and email addresses for all correspondence from MAPA

Address: Phone:

City:

State: Zip:

Email:

We do not share our email list with other organizations.

For Office Use Only:
 Receipt
 QB
 iATS
 Total Info
 Roster

Primary Contact <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self	Other Contact (optional) <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> _____
Last: <input type="text"/> First: <input type="text"/> Place of Work: <input type="text"/> Home phone: <input type="text"/> Work phone: <input type="text"/> Cell phone: <input type="text"/>	Last: <input type="text"/> First: <input type="text"/> Place of Work: <input type="text"/> Home phone: <input type="text"/> Work phone: <input type="text"/> Cell phone: <input type="text"/>

Emergency Contact (if primary contacts are unavailable)

Last: <input type="text"/> First: <input type="text"/> Relationship: <input type="text"/> Phone: <input type="text"/>	Doctor name: <input type="text"/> Facility: <input type="text"/> Phone: <input type="text"/> Special needs: <input type="text"/>
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Day	Time	Studio	Class Name	Age	Ins	Amount

Payment type: Credit Card Cash Check #:

Please charge my card for my automatic monthly payments.

Name on card:

Card number:

Exp Date: Card Code:

Billing Address:

City / State: Zip:

# of \$260 classes: <input type="text"/>	x \$260	=	<input type="text"/>
# of \$310 classes: <input type="text"/>	x \$310	=	<input type="text"/>
Tuition Subtotal 1		=	<input type="text"/>
Multi-class discount (5% or 10%)		=	-
Subtotal 2		=	<input type="text"/>
Credits		=	-
Subtotal 3		=	<input type="text"/>
10% Early Discount (for full pymt ONLY)		=	-
Non-refundable Registration fee (one per family)		=	\$35
Total of full payment		=	<input type="text"/>
Payment Plan		Fee	= \$25
Minimum amounts	1/4 Tuition Subtotal 3	=	<input type="text"/>
Sep 30 - \$	Total (plus \$35 reg fee)	=	<input type="text"/>
Oct 30 - \$	Amount Paid Today	=	-
Nov 30 - \$	Balance Due	=	<input type="text"/>

I have read, understand and agree to MAPA's Policies & Procedures on our website at:

<http://www.mauiacademy.org/academydetails.asp>

Signature of Student OR Parent/Guardian if student is under 18 Date

