THE RECORDING ARTS CENTER
School for Audio Engineering & Production
www.tracsd.com

Training Registration Form

****** please print legibly ******

First Name	
Last Name	
Email Address	
Street Address	
City	
State/Province	
ZIP Code	
Country	

Day Phone ( ) - - Ext.

Other Phone ( ) - - ☐ Cell ☐ Home ☐ Work ☐ Fax

Class Number	Class Name	Dates	Time	Fee
			Total:	

Payment Methods	
Credit Card Payments	Check Payments
If paying by credit card, complete the information below and mail or fax to: Studio West 11021 Via Frontera, Suite A San Diego CA 92127 (858) 592-9580 fax	If paying by check, attach to this form and mail to: Studio West 11021 Via Frontera, Suite A San Diego CA 92127

Type of Card (check one)	☐ Visa ☐ MasterCard
Credit Card #	
Expiration Date	
Name on Card	
Signature	

FOR OFFICE USE ONLY

Received:

Confirmed:

Payment:

Signature:

This Registration Form is a legally binding instrument when signed by the participant and accepted by The Recording Arts Center Management