

# 2012 School Day Registration Form

SCHOOL DAY: Monday, February 13, 2012 – 9:30am-2:30-pm

Registration *MUST* be received no later than Monday, February 6, 2012. If we receive your registration and payment by the February 6<sup>th</sup>, deadline, you will be faxed or sent via e-mail, the school day guidelines, a Festival site map and an entertainment schedule.

For additional information please call Jackie Love at (954) 776-1642 or E-mail [JL@BobbyRodriguezProductions.com](mailto:JL@BobbyRodriguezProductions.com). Please fill out form completely and legibly.

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, FL Zip code: \_\_\_\_\_

Teacher (*first name, last name*): \_\_\_\_\_

Grade: \_\_\_\_\_ Subject: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Since we have a NO REFUND policy, Please give an accurate count.**

Number of Students: \_\_\_\_\_ @ \$7 each = \$ \_\_\_\_\_

1 Chaperone for every 10 students \_\_\_\_\_ = FREE

# Additional Adults \_\_\_\_\_ @ \$10 each = \$ \_\_\_\_\_

Total Enclosed ..... = \$ \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* CHECK ONE: \*\*\*

\_\_\_\_\_ Check Enclosed      \_\_\_\_\_ Money Order Enclosed      \_\_\_\_\_ Credit Card Info

**\*NO reservation can be confirmed until payment in full has been received.  
\*Please print this page and mail with your payment to: Florida Renaissance Festival, Inc. 800 N.W. 57<sup>th</sup> Place, Fort Lauderdale, Florida 33309**

**Make checks payable to Florida Renaissance Festival, Inc.**

---

Credit Card Authorization:

Instructions:

1. Complete all parts of the form by printing legibly with a dark pen.
2. The credit card holder must sign on the line indicated.
3. Fax to 954-771-7045.

I, \_\_\_\_\_, hereby authorize Bobby Rodriguez Productions d/b/a Florida Renaissance Festival, Inc. to charge my credit card in the amount of \$\_\_\_\_\_.

**Credit Card Information**

MasterCard       Visa       American Express       Discover

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Security Code: \_\_\_\_\_

Name as it Appears on the Card: \_\_\_\_\_

Name of Vendor: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_