



San Diego Center for Jewish Culture

J*Company Youth Theatre's

Artists Taking Action Application Form



Young Artist's Name: _____

Birth date: _____ Shirt size: _____

Young Artist's Email _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Email: _____

Young Artist Phone: (home) _____ (cell) _____

Parent Name: _____

Parent Phone: (home) _____ (cell) _____

Please make checks payable to: SDCJC (San Diego Center for Jewish Culture)

Payment Method: Check Visa* MasterCard* Discover*

Amount Enclosed: \$ _____

** A 3% handling fee will be added to all credit card transactions over \$100 processed by the JCC.*

Card No. _____

Expiration Date _____ Security Code _____

Signature _____

Office use only:

Check #:	Date rcv'd:	Rcv'd by:
Acct code: <u>01-3011-0366</u>		
Comments: _____		