



ENCORE STAGE & STUDIO

Fee Reduction Form

Student Name: _____
Address: _____
Phone: _____ Email: _____
Birthdate: _____ School: _____ Current Grade: _____

Parent/Guardian Name: _____
Address (if different): _____
Phone: _____ Email: _____

Other Parent/Guardian Name: _____
Address (if different): _____
Phone: _____ Email: _____

Name of program: _____
Date of Program: _____ Full Tuition Cost: _____

Please indicate your fee reduction percentage as determined by Arlington County: _____

Please email this form to info@encorestage.org and a staff member will be in contact with you. Alternatively, you may mail this form and partial payment check to:

Encore Stage & Studio
3701 Lorcom Lane
Arlington, VA 22207

www.encorestage.org

(703) 548-1154

info@encorestage.org