

2011-2012

Cedar Park Dance Company

Credit Card Authorization

Student Name: _____ Tuition: _____

Parent / Guardian Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Credit Card (circle one): MC Visa Discover

Credit Card #: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____ City / Zip: _____

I authorize Cedar Park Dance Company to deduct the above monthly tuition from my credit Card.

Signature: _____ Date: _____

PLEASE CHECK THE FOLLOWING BOXES IF YOU WOULD LIKE THEM AUTOMATICALLY DEDUCTED:

- COSTUME DEPOSIT & BALANCE RECITAL FEE COMPETITION FEES
 SUMMER CAMPS/INTENSIVES

OFFICE USE ONLY

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> SEPTEMBER | <input type="checkbox"/> FEBRUARY |
| <input type="checkbox"/> OCTOBER | <input type="checkbox"/> MARCH |
| <input type="checkbox"/> NOVEMBER | <input type="checkbox"/> APRIL |
| <input type="checkbox"/> DECEMBER | <input type="checkbox"/> MAY |
| <input type="checkbox"/> JANUARY | <input type="checkbox"/> JUNE |
| | <input type="checkbox"/> JULY |