



Credit/Debit Card Authorization Form
(All Fields Required)

Student Name: _____

Payment For *(Circle all that apply):*

| | | |
|---------------------------|-----------------------|-----------------|
| Class/Camp Tuition | Production Fee | Tickets |
| Production Extras | Production Ad | Donation |

Other _____

Payment Method *(All major credit cards accepted):*

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ **Security Code** _____

Security code is 3 digits on back signature panel or 4 digits on front of card for Amex

I hereby authorize Florida Children's Theatre to charge my credit card for full payment of all charges incurred by me and/or my child(ren).

Cardholder Signature _____

Date: _____

Complete form and email, mail, or fax to:

**Florida Children's Theatre
Broward College Fine Arts Theatre
3501 Davie Road, Bldg. 5
Davie, FL 33314
Email: melanie@flectstar.org • Fax: 954-523-0507 • Phone: 954-763-6882**