



TUITION CREDIT/DEBIT CARD AUTHORIZATION FORM

(all information required)

Student's 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 (3 digit code on back of card/4 on front of Amex): _____

I hereby authorize **FLORIDA CHILDREN'S THEATRE, INC.** to charge my credit card for full payment of all charges incurred by me and/or my child(ren).

Cardholder Signature: X _____

Date: _____

Complete form and email, mail, or fax to:

FLORIDA CHILDREN'S THEATRE

2542B East Sunrise Boulevard, Fort Lauderdale, Florida 33304

Fax: 954-523-0507 Email: melanie@flectstar.org