

## KISS Theatre Company Payment Plan Form

Name on Card \_\_\_\_\_ Credit or Debit

Card No. \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Actor's Name(s): \_\_\_\_\_

WORKSHOPS - Circle Selection(s):

The Crucible	Kiss Me, Kate	Winnie the Pooh Kids	Peter Pan Jr.
(Ages 12-18)	(Ages 14-18)	(Ages 5-10)	(Ages 8-14)

Payment Plan Date(s):

Registration Paid: _____	Friday, Sept. 20th _____
Friday, August 9th _____	Friday, Oct. 4th _____
Friday, August 23rd _____	Friday, Oct. 18th _____
Friday, Sept. 6th _____	Paid in Full: _____

Initial Below:

\_\_\_\_\_ I hereby authorize KISS Theatre Company to make these charges to my credit card on or after the dates listed and in the amounts indicated above. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this recurring payment plan agreement with KISS Theatre Company. All payments for tuition must be made PRIOR to tech week. A maximum \$5 fee may be charged for EACH payment to cover the credit card processing fee(s).

Signature \_\_\_\_\_ Date \_\_\_\_\_