



KISS Theatre Company Payment Plan Form Spring 2025

Name on Card: _____

Card # : _____ Exp ___/___ CVV _____

Address: _____ City: _____ State: _____

ZIP: _____ Email: _____

Phone Number(s): _____

WORKSHOP: (Circle shows included in this payment plan.)

Little's
 Frog and Toad
 Starts: Sunday, Jan. 26th
 Performances: May 2-4

Middle's
 Diary of a Wimpy Kid
 Starts: Thurs., March 13th
 Performances: June 13-15

Teens
 Our Town
 Starts: Wed., Feb. 19th
 Performances: April 11-13

Actor's Name: _____

Payment Schedule:

Date:	Payment:	Date:	Payment:
Registration Fee:			
Friday, January 24 th		Friday, March 7 th	
Friday, February 7 th		Friday, March 21 st	
Friday, February 21 st		Friday, April 4 th	

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 **\$5 fee** may be charged for EACH payment to cover the credit card processing fee.

Signature _____ Date _____