



PAYMENT PLAN FORM
(ALL INFORMATION REQUIRED)

STUDENT'S NAME _____

DATE OF PAYMENT #1 _____ **AMOUNT \$** _____

DATE OF PAYMENT #2 _____ **AMOUNT \$** _____

DATE OF PAYMENT #3 _____ **AMOUNT \$** _____

DATE OF PAYMENT #4 _____ **AMOUNT \$** _____

TOTAL PAYMENT \$ _____

(Full payment must be received prior to the end of the attended program. This payment plan cannot be changed without a new payment plan authorized by FLCT.
If you need more dates, place on back of form.)

PARENT/GUARDIAN'S SIGNATURE: _____

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 on the above dates for the stated amounts. Payment in cash or check prior to those dates will be accepted in lieu of charging the credit card.

Card Holder Signature: _____

Date: _____

FLCT Representative: _____

Date: _____