

Credit Card Authorization Release Form

**M.A. Dance Project
601 East Whitestone Blvd. #620
Cedar Park, Texas 78613
512.259.6444**

(Please Print Neatly)

Student Name: _____

Name on Credit Card: _____

Credit Card Type (Circle one): Visa Mastercard

Credit Card Number: _____ Exp. Date: _____

I (card holder name) _____ authorize M.A. Dance Project

TO CHARGE THE FOLLOWING TO MY CREDIT CARD

____ Monthly Tuition in the amount of \$ _____

____ Showcase Fee \$ _____

____ Costume Fee \$ _____

____ Other _____, _____, _____, _____

From (Date) _____ To (Date) _____

I agree to be solely responsible for all said charges made by the above named individuals

Card Holder Signature: _____ Date: _____