



CreativeRoots
performing arts

Credit Card Pre-Payment Registration:

LAST name: _____

FIRST name: _____

I authorize Creative Roots Performing Arts to bill my:

VISA MASTERCARD (please circle one)

Card number: _____

Expiry date: _____

Security code (3 digits on back of card) : _____

Billing Address: _____

On OR after the last day of each month,

Invoiced for the amount of \$ _____

Up to and including May 31, 2012

If a student drops or changes a class, it is MY RESPONSIBILITY to contact the studio to change the amount or cancel the processing of the card.

Signed: _____

Dated: _____