

Payment Information Fall Dance 2004

Student Name: _____

Parents Name(s): _____

Address: _____

City, State, Zip: _____

Total number of hours per month _____

Total Tuition per month \$ _____

Hardin Center Member? (if so, waive \$15 registration fee)

Registration fee: \$ _____

Total due: \$ _____

Total paid: \$ _____

Amount due: \$ _____

Check No. - _____

Cash received - _____

Charge Cards: (circle one) Mastercard Visa

Expiration date: _____ Card Number:

Cardholder's signature:

Would you like to use this card for monthly tuition payments? Yes ____ or No ____