

EXPRESS REGISTRATION AUTHORIZATION FORM
PLEASE FAX to (972) 353-5494
or scan and email back to: 4classreg@gmail.com

Parent/Guardian's Name _____

I AUTHORIZE CATHRYN SULLIVAN'S ACTING FOR FILM to charge the listed student(s) tuition and fees to the credit card below:

STUDENT NAME(S): _____

First Name Last Name

Class: _____

First Name Last Name

Class: _____

First Name Last Name

Class: _____

First Name Last Name

Class: _____

Email Address (REQUIRED)

ACCOUNT INFORMATION:

Check one:

CREDIT _____ DEBIT: _____

Visa/MC/Discover

Name on credit card (exactly as printed)

Credit card #

Expiration Date

3 digits on back

Billing Address for Card/Street, Apt#

City

State

Zip

Contact Phone #:

_____ (Initial here) Bill all charges to the above card. Since the payment amount may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.

(Initial here) This authorization is valid until I provide you with written cancellation to **CATHRYN SULLIVAN'S ACTING FOR FILM, 118 LYNN AVENUE SUITE #204 LEWISVILLE, TX 75057.**

I realize there is no refund if cancellation happens within 1 week of when the class begins and TWO weeks before seminars. I authorize credit card to be billed for any class. I request (either by phone or email), my child will receive an email notification of the charge.

Signature

.Date