

# PERFORMANCE COURSE, INC

## CREDIT CARD PAYMENT INFORMATION

PARTICIPANT NAME: \_\_\_\_\_

PERSON PAYING: \_\_\_\_\_

BILLING ADDRESS (if different from participant's address on registraion):

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

EVENING PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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### METHOD OF PAYMENT ( Check one):

VISA \_\_\_\_ MASTER CARD \_\_\_\_

PRINT NAME ON CARD:

\_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_/\_\_\_\_ (mm/yy)

An additional \$5.00 will be added to registration fee for credit card processing. By submitnting this application to Performance Course, Inc., I affirm that I have agreed to to pay all camp fees and authorize Performance Course, Inc., to charge my credit card.

CARD HOLDER SIGNATURE: \_\_\_\_\_

Attach credit card information to Participant Registration form. Mail all information to:

**PERFORMANCE COUSRE**  
**P.O. Box 882**  
**Allen, TX 75013**