



## **EXPRESS REGISTRATION AUTHORIZATION FORM**

Parent/Guardian's Name: \_\_\_\_\_

### **FROM CREDIT/DEBIT CARD:**

I authorize EveryBody Fits to charge the listed student(s)' tuition and fees to the credit card listed below:

#### **Student Name(s):**

#### **Account Information:**

Credit: \_\_\_\_\_ Debit: \_\_\_\_\_

\_\_\_\_\_  
First Name      Last Name

\_\_\_\_\_  
Name on credit card (exactly as printed)

\_\_\_\_\_  
First Name      Last Name

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
First Name      Last Name

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
First Name      Last Name

\_\_\_\_\_  
Billing Address for Card      Street, Apt #

\_\_\_\_\_  
First Name      Last Name

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
First Name      Last Name

\_\_\_\_\_  
Email Address (REQUIRED)

Bill all charges to the above card(s). 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.

This authorization is valid until I provide you with written cancellation to EveryBody Fits 200 Fitness Ct Coppell, TX 75019

I understand that there is a \$50 non-refundable registration fee for all Cathryn Sullivan Acting Classes. In addition, 2 weeks prior to the class there is a no refund policy. I authorize this credit card to be billed for any class, I request (either by phone or email) my child for and I understand I will receive an email notification of the charge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE