

CREDIT CARD USE FORM FOR REGISTRATION PAYMENTS

(MasterCard and Visa only)

Member's name _____

You may pay your tuition in full or by installments. Please use the following table to apportion the payment amount(s) by date and purpose as desired.

Date of payment:	_____	_____	_____
Tuition	\$_____	\$_____	\$_____
Frost Valley	\$_____	\$_____	\$_____
Merchandise	\$_____		
Total amount to be charged	\$_____	\$_____	\$_____

MasterCard [] or Visa []

Credit card number _____ Expiration date ____/____

3 digit Card Verification # _____

Card holder's name _____

Please print the name as it appears on the credit card

Card holder's address _____

Card holder's telephone _____

Card holder's e-mail address _____

Card holder's signature _____

**Please return to: ESYO at Proctors Theatre
432 State Street
Schenectady, NY 12305
Attn: Lisa Stulmaker**