

## The Lyric Theatre 59 S.W. Flagler Avenue, Stuart, Florida 34994

Ph. 772-220-1942, ext. 205 Fax. 772-287-8693

education@lyrictheatre.com

## Lyric's AWESOME! Summer Camp 2018 PAYMENT AUTHORIZATION FORM

Name:							
Camper(s):							
CC BILLING Address:							
City, State, & Zip:							
Phone:							
Email:							
Tuit	ion for Lyric's AWESOMELSu	mmor Camp is \$20E/no	r 2 wook sossion				
Tuition for Lyric's AWESOME! Summer Camp is \$395/per 3 week session Sibling Discount: 10% Off each child's tuition							
ONE-TIME REGISTRATION FEE (Due at Registration): \$25/per NEW camper x number of campers =							
Registration Fee Waived for I							
negistration ree waivea jor i	+						
10.0/ CIPUL							
10 % SIBLI							
Choose 1 of the options below:							
Please charge the FULL TUITION AMOUNT listed above at this time							
Please enroll me in the payment plan in accordance with the schedule below							
I hereby authorize and request Friends of the Lyric, Inc. to initiate payment entries to my credit card as indicated for							
Lyric's Awesome! Summer Camp Tuition:							
1							
CVV:	_	Exp Date:					
PAYMENT SCHEDULE  SESSION 1: JUNE 11-29							
Payment #:	<u>Due Date:</u>	Date Payment Processed:	Amt. Due: 1 child	Amt. Due: Sibling Disc:			
Payment 1	Friday, June 8, 2018		135.00	Per Child 118.50			
Payment 1 Payment 2	Friday, June 8, 2018		130.00	118.50			
Payment 3	Friday, June 22, 2018		130.00	118.50			

SESSION 2: JULY 9-27						
Payment #:	Due Date:	<b>Date Payment Processed:</b>	Amt. Due: 1 child	Amt. Due: Sibling Disc:		
				Per Child		
Payment 1	Friday, June 29, 2018		135.00	118.50		
Payment 2	Friday, July 13, 2018		130.00	118.50		
Payment 3	Friday, July 20, 2018		130.00	118.50		