

IF YOU ARE PAYING BY CREDIT CARD, ALL FIELDS **MUST** BE FILLED OUT

Student Name: _____

Student Grade and Letter: _____

Parent Name: _____

Home Address: _____

Parent email address: _____

Parent cell phone number: _____

Number of tickets purchasing: _____ X \$40.00 = \$ _____

Name on credit card: _____

Credit Card Number: _____

Expiration date: _____ Security CVV Code: _____