



Where therapy and fun come together.

CREDIT CARD AUTHORIZATION FORM:

Name of Registrant: _____

Name on card: _____ CC #: _____

Security code: _____ Exp: _____ / _____ Billing zip: _____

By signing below: (please check)

- I understand that payment by check or cash is required at the time of the workshop. This Card will be charged the full workshop fee for all cancellations/failure to attend and or bounced checks. I authorize Therapy Funplace to charge this credit card for such cancellations or fees incurred, in addition to an added \$10 convenience fee.

Signature: _____