

Illinois Ballroom Teacher College Payment Form



To register, submit this completed form with the Enrollment Form and a non-refundable, \$100 deposit. Please print clearly.

Billing Information

Name: _____ Relationship to attendee: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Please choose a payment method for the \$100 non-refundable deposit:

- Check enclosed Charge Credit Card

Please choose the breakdown for the course tuition (\$1980 - \$100 deposit):

- Full 4 month session payment of \$1880
- 1 payment of \$395 and 3 payments of \$495 on the 1st of each month
- 1 payment of \$147.50 and 7 payments of \$247.50 on the 1st & 15th of each month

Please choose a payment method for the course tuition payment(s):

- Post dated checks Autopay by Credit Card

Credit Card Information

(Credit card information must match the billing information above)

- MasterCard Visa Discover Amex

Card Number: _____

Expiration Date: _____ Security code: _____

I authorize the Illinois Ballroom Teacher College to charge my credit card for the amount(s) and on the date(s) indicated above.

Signature: _____