



**NIGHT PAYMENT FORM JULY 31 AND Aug 1, 2024**

**PRINT** NAME: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**WEDNESDAY AFTERNOON CLASS July 31**

1<sup>st</sup> choice \_\_\_\_\_

2nd choice \_\_\_\_\_

**WEDNESDAY NIGHT CLASS July 31**

1<sup>st</sup> choice \_\_\_\_\_

2nd choice \_\_\_\_\_

**THURSDAY NIGHT August 1**

1<sup>st</sup> choice \_\_\_\_\_

2nd choice \_\_\_\_\_

**Workshop fees:**

HELLO DOLLY 6-HOUR CLASS \$100.00 \$ \_\_\_\_\_

EACH 3 - HOUR CLASS IS \$75.00 EACH  
TIMES NUMBER OF CLASSES \_\_\_\_\_ X \$75. = \$ \_\_\_\_\_

**PRINT** NAME: \_\_\_\_\_

**A)** TOTAL DOLLAR AMOUNT OF WORKSHOP CLASS from previous page \$ \_\_\_\_\_

**B)** CHARGE CARD PAYMENT FEE IF PAYING

WITH CARD (Multiply Total due \_\_\_\_\_ by 3.5% = \$ \_\_\_\_\_

**C) TOTAL BALANCE DUE** \$ \_\_\_\_\_

Your signature and date \_\_\_\_\_

**CLASSES ARE NON-REFUNDABLE AND NON-TRANSFERRABLE.**

Credit card # \_\_\_\_\_ Expiration date \_\_\_\_\_

CVV (3-digit on back of card) \_\_\_\_\_ Zip code \_\_\_\_\_

Mail checks to: **Carol Harman ATTN: Bead Retreat**

**6747 Sylvan Woods Drive Sanford, Florida 32771**

Checks payable to: Bead Society of Central Florida

FAX registration to me at 407-324-0072

**Please do not write below this line. ADMIN ONLY.**

CASH \_\_\_\_\_

CHECK \_\_\_\_\_

CHARGE \_\_\_\_\_

PAYMENT PAID \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_