**Barbizon Model & Talent Management**415 Bosler Ave, Lemoyne, Pa 17043 P: 717-234-3277 F: 717-234-4369 jonathanroth@mindspring.com

## CREDIT OR CHECK CARD AUTHORIZATION

Please check one of the foll	owing: □VISA □MASTER C	CARD		
Account Number:				
Expiration Date:	Security Code:			
Name as it appears on card	:			
Cardholder's Signature:				
Complete Billing Address of	of Cardholder:			
Home Number: () _	Cell Numbe	er: ()		
I authorize Barbizon Model payment schedule outlined		ny credit or check card according to the		
Contestant	Parent/Guest Addition	onal Parents/Guests		
Cardholder's Signature		Date		
	PAYMENT DUE DAT	ES		
<b>DATE</b>	CONTESTANT	PARENT /GUEST		
April 10-12, 2016	\$495.00 Registration	\$495.00 Registration		
April 28, 2016	\$295.00	\$140.00		
May 12, 2016	\$295.00	\$140.00		
May 26, 2016	\$295.00	\$140.00		
June 9, 2016	\$295.00	\$140.00		
June 23, 2016	\$295.00	\$140.00		
July 7, 2016	\$295.00	\$140.00		
July 21, 2016	\$295.00	\$140.00		
August 4, 2016	\$295.00	\$140.00		

\$295.00

Balance

\$140.00

Balance

August 18, 2016

September 1, 2016