

APPLICATION CREDIT CARD PAYMENT FAX FORM

FAX #: (204) 947-3741

TO: Winnipeg Fringe Theatre Festival

ATTN: Deborah Axelrod, Festival Coordinator

RE: 2010 Fringe Application Fee

Pages: 1 of 1



Date: _____

Contact Information

Company Name: _____

Address: _____

Telephone Number: _____

Your Name: _____

Credit Card Information

Credit Card Type (Visa or MasterCard): _____

Name on Card: _____

Credit Card Number: _____

Card Expiration Date: _____

Authorization

I authorize the Winnipeg Fringe Theatre Festival to charge my credit card in the amount of \$650.00 (CAD) as payment for the Festival Application Fee.

-or-

For those applying for the Kids Venue Category, the application fee is \$500.00 (Cad).

I am applying for the (Please check):

- Regular Indoor Performer Category
- Kids Venue Category
- BYOV

Cardholders Signature: _____