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**2019-2020 PAYMENT FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**PAYMENT by credit card:**

Class Registration	\$250 (April 1-30)
	\$300 (After April 30)
Credit Card Usage Fee	4% of Total (if paying online)
<b>TOTAL</b>	<b>\$ _____</b>

Credit Card #: \_\_\_\_\_

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Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature & Date Required)

**PAYMENT by check:**

Class Registration	\$250(April 1-30)	\$300 (After April 30)
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**TOTAL \$**            **Check #**

Please mail payment and registration form to:  
NCPG  
P.O. Box 32644 Phoenix, AZ 85064