

# THE KENNEDY CENTER

## FAX

TO: Kelsey Mesa, Kennedy Center American College Theater Festival

FAX NUMBER: (202) 416-8860

DATE:

### Payment for KCACTF Production(s)

Your Name:	
Your Email Address:	
Your Telephone Number:	
School/University Name:	
School Mailing Address:	
Name on Credit Card:	
Credit Card Number:	
Credit Card Expiration Date:	(MM/YYYY)

	Record ID Number*	Show Title	Amount Due
1			\$
2			\$
3			\$
4			\$
5			\$
Total Payment Due:			\$

\*The Record ID number for a show is included in your confirmation email.