

## **APPLICATION REGISTRATION FEE PAYMENT**

I, (name) \_\_\_\_\_ hereby authorize Commercial Diving Academy to charge my card (details below) for \$100.00 for Application / Registration Fee for enrolling in the SCUBA Instructor Program .

Card type: VISA      American Express      Mastercard      Discover      Other: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If paying by check or money order, please attach it to this form.**