

G3 Summer Camp Payment Form 2019 – G3 America Martial Arts

Student(s) Information

Student Name: _____ Age ____ Sex ____ DOB _____
Student Name: _____ Age ____ Sex ____ DOB _____
Student Name: _____ Age ____ Sex ____ DOB _____
Father's Name: _____ Home#: _____ cell#: _____
Mother's Name: _____ Home#: _____ cell#: _____
Address: _____ City/State _____ Zip _____
Email: _____ Email: _____

Choose Your Summer Camp 2109 Plan:

- One Week Only: \$179 (1 t-shirt included)
- 3 or 4 Weeks: \$165/week + Regist \$ _____ = Total \$ _____
- 5 or 6 Weeks: \$160/week + Regist \$ _____ = Total \$ _____
- 7 or 8 Weeks: \$155/week + Regist \$ _____ = Total \$ _____
- 9 Weeks: \$150/week + Regist \$ _____ = Total: \$ _____ (registration will be credit to the last week of camp if child participates in all 9 weeks)
- 9 Weeks (Paid in Full): \$1,350 (no registration fee + 1 additional t-shirt)

Payment Method Information Options

By Check: check # _____ check amount # \$ _____

OR

By Credit Card - Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Authorization for credit/debit card billing

I authorize G3 America Martial Arts to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for the duration of the program. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Authorized Signature: _____ Date: _____

Print Name: _____ Date: _____