

After school Application

Student Name: _____

School Attending: _____

Price:

- | | |
|---|---------------------|
| <input type="checkbox"/> Registration fee | \$55.00 |
| <input type="checkbox"/> Custom Uniform | \$59.00 / plus tax |
| <input type="checkbox"/> After School Program | \$80.00 / week |
| <input type="checkbox"/> Custom Sparring Gear | \$349.90 / plus tax |

Parents Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Child's Date of Birth: _____

Sex: _____ Grade: _____ Age: _____ Student's Starting Date: _____

Method of Payment:

- | | |
|---|---|
| <input type="checkbox"/> EFT Checking draft | <input type="checkbox"/> Weekly (Every Monday) |
| <input type="checkbox"/> Visa Draft | <input type="checkbox"/> Bi-Weekly |
| <input type="checkbox"/> MasterCard Draft | <input type="checkbox"/> Monthly 4 th / 19 th |
| <input type="checkbox"/> Amex Draft | |
| <input type="checkbox"/> Discover Draft | |

I hereby authorize a draft on the account designated below, not to exceed the amount agreed to by me below, until the balance is paid in full or my child is withdrawn from the program with a thirty (30) day written notice.

Signature: _____ Date: _____

Credit Card Type: () Visa () MC () AMEX () Discover

Card # : _____ Exp. _____

Name on Card: _____

Bank Routing # _____ Account # _____

Name of Bank: _____ Name on Account: _____

Drivers License # _____