

STARS GYMNASTICS

CREDIT CARD AUTHORIZATION

GYMNAST NAME: _____

PLEASE SELECT THE FOLLOWING CHARGES TO BE AUTODRAFTED:

GUARANTEED FORM OF PAYMENT ONLY

SESSION TUITION: \$ _____

SPECIAL EVENTS

(PNO, SPRING FLING, FLIP FLOP SHOP & BIRTHDAY PARTIES)

CAMPS

PROSHOP

CREDIT CARD #: _____

EXPIRATION DATE: _____ **CVV:** _____

I (print) _____ authorize Stars Gymnastics Training Center to **AUTOMATICALLY** bill my credit card for the session tuition that is due. In the event that my child does not wish to continue his/her class, I understand that I **MUST** notify the front office one week in advance.

Member Signature

Date