

SIMPLE SIGN UP - Kids & Teens As of Jan 1, 2022

Practical Martial Arts 5768F Paradise Dr. Corte Madera CA 94925 415.927.0899 info@practicalmartialarts.net

Student: Owen Griffiths DOB: 5/2/2012 2nd Student: Evan Griffiths DOB: 3/14/2012
 Street Address: _____ City, State, Zip: _____ Cell: _____

Type of student: NEW RETURNING ADD FAMILY MEMBER (10% discount off each additional)

SELECT MONTHLY MEMBERSHIP:

	Little Dragons	Ages 4 - 6	2-3x/week	\$249 credit card /\$239 eft	2 kids \$473 cc / \$454 eft
<input checked="" type="checkbox"/>	Kids Program	Ages 6 - 12	2-3x/week	\$249 credit card /\$239 eft	2 kids \$473 cc / \$454 eft
	Teen Program	Ages 13 - 17	2-3x/week	\$249 credit card /\$239 eft	2 kids \$473 cc / \$454 eft

- All memberships are Month-to-Month (calendar month)
- **30 days WRITTEN notice to hold or cancel:** write to Info@practicalmartialarts.net
- Automatic monthly payments only, charged on the 1st of the month
- You will see **"Members Fees Member Solutions"** on your statement. Contact us with any issues.

1. CHOOSE CLASSES:

Add the class time: Mon/Wed at _____ Tue/Thu at 3:45pm
 (Sat make-up class included in both choices)

First Day in Class: Tuesday January 4, 2022

2. PROVIDE PAYMENT SOURCE: Chose credit card or bank draft/eft & enter below

Credit Card \$249/mo. (circle one): Mastercard Visa Discover
 Card number: _____/_____/_____/_____ Exp: mo _____/yr _____
 Billing street address & City: _____
 Billing zip code: _____ CVC: _____
 Name EXACTLY as it appears on card: _____

Bank Draft/Voiced Check \$239/mo. (includes 4% discount on monthly tuition)
 Attach a voided check here or enter bank info
 Bank/Institution Name: _____
 Routing # _____ Account# _____
 Name(s) on Account: _____

3. DUE TODAY: (staff to complete)

Current month of: January prorated if applicable: +\$ \$454
 Equipment Package: gi, gloves, belt, nunchucks +\$ waived (\$85/1 kid, \$135/teen/2 kids)
 TOTAL DUE \$ _____

Paid in person via credit card **OR** Please run after intro lesson

First Payment to run automatically _____ / Feb 1 2022
 Recurring Monthly Payment Amount \$473 or \$454
 If adding a family member this will be the new rate & include a 10% discount on the 2nd student.

Receipt will be emailed to: _____ @ _____

4. SIGNATURE:

I authorize today's payment as well as the monthly automatic payment for tuition on the above noted account. I understand I will be charged \$25 for any type of returned payments. My next payment will run on the 1st of the upcoming month. **I understand that PMA will provide zoom classes in the event of a state/county covid change disallowing in-person classes. My membership will continue during this time. I understand the 30 days notice policy to hold or cancel.**

Signature _____ Date: _____

Print Name: _____ Cell Number: _____

NOTES: _____ MSI EM CC QKDJ#: _____