Master Daniel Jung
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Concord NH, 03301
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2017 Summer Camp

Session 1: July 17 - 21 Session 2: July 24 - 28
9am - 12pm $200.00 pp

Student's Name _____ **Age**____ **Session** _____

Student's Name _____ **Age**____ **Session** _____

Student's Name _____ **Age**____ **Session** _____

Parent/Guardian(s) Name _____ **Today's Date** _____

Company/Work_____ **Work Phone** _____

Cell/Home Phone _____ **Emergency Contact**_____

Health/Special Conditions _____

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. **This is permission for a single transaction only**, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize NH Kicks Taekwondo Family Fitness to charge my account
(full name)

indicated below for _____ on or after _____.
(amount) (date)

Billing Address _____City, State, Zip _____ Phone _____

Payment Method

☐ Pay by Check (make check out to: NH Kicks Taekwondo Family Fitness)

☐ Visa ☐ MasterCard

☐ Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

SIGNATURE _____ DATE _____

I certify that I am an authorized user of this credit card/bank account and will not dispute this transaction with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.