

Payment Form

Start Date: _____ Account # (if known): _____

Account Holder(s)/Parent(s) Name: _____
First Last

Name: _____
First Last

Payee's Name (If different than above) _____
First Last

Payee's Telephone
 Home: _____ Cell: _____ Work: _____

Member's Name: _____
First Legal Last

Name/Location of Recreation Program(s) on Accompanying Registration Form:

Total of Fees*: \$ _____

(* \$10 yearly membership fee will be added for new members or if member yearly membership has expired)

INITIAL
HERE

_____ I UNDERSTAND THAT PAYMENT WILL BE CHARGED FOLLOWING REGISTRATION TO MY CREDIT CARD NUMBER AS PROVIDED AS PAYMENT FOR THE RECREATION PROGRAM REGISTRATION ACCOMPANYING THIS PAYMENT FORM.

_____ I UNDERSTAND THAT THE \$10.00 YEARLY MEMBERSHIP FEE WILL ALSO BE CHARGED IF REGISTRATION IS FOR A NEW MEMBER OR IF MEMBER'S YEARLY MEMBERSHIP HAS EXPIRED.

Credit Card Holder Name: _____

Signature: _____

Credit Card Number: _____ Expiry Date: _____
MM/YY

For Billing Use Only							SRF: May 2021		
Spreadsheet:		Invoice:		Payment:		ACCB:		CCFR:	