

## 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:	