

Oaks Gymnastics Academy
1228 Egypt Road
Oaks PA 19456

Credit Card Authorization Form

Student's Name _____ Age _____

Class Day and Time _____

VISA / MC / AmEx Card Number _____

Expires _____ **Security Code** _____ **Billing ZIP** _____

Card Holder's NAME _____

Card Holder's Signature _____

Electronic Receipt - E-Mail Address _____

With my signature above, I hereby authorize Turner's Gymnastics, Inc. DBA Oaks Gymnastics Academy, to accept and process payments, on my behalf. I certify that I am the authorized user of the credit card listed and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the services rendered and programs requested.

Furthermore, I understand the program policies and procedures for withdrawing from the program and automatic re-registration for the following session of gymnastics. I know that once my credit card has been charged and I am enrolled in the next session that no refunds or class credits are allowed.

Parent Initials _____ Date _____

I agree to be legally bound by this agreement with Turner's Gymnastics and the Credit Card company for any and all charges and I accept the 3% service charge.

Parent Initials _____ Date _____