



MAIL OR FAX THIS FORM WITH YOUR PAYMENT BAY AREA DEBATE CLUB

45630 Parkmeadow Court,
Fremont, CA 94539

<http://www.bayareadebateclub.com>

Email: info@bayareadebateclub.com

Phone: 510-573-2497

Fax: 510-350-9096

REGISTRATION FORM

Class Location: SIERRAMONT MIDDLE SCHOOL Course: Debate Series (PS)

Student Name _____ Grade _____

Parent/Guardian Name _____ Phone _____

Contact Email: _____

Tuition (Please check one)

☐ Single Payment: \$420 (\$390 EARLY BIRD till 9/10)

☐ Installment Option: 7 installments of \$65 (60 EARLY BIRD till 9/10)

Method of Payment (Check one)

☐ Credit Card – Complete Section A

☐ Check – Complete Section B

Section A – PAY BY CREDIT CARD

☐ Visa ☐ Master Card ☐ Amex

Card Number: _____ Exp Date: _____ CVV: _____

Signature: _____

Section B – PAY BY CHECK

One Time Payment: Attach a check payable to Bay Area Debate Club

Installment Option: Attach a VOID check and fill in bank information below:

Financial Institution: _____ ☐ Checking ☐ Savings

Account Number: _____ Routing Number: _____

AUTOMATIC PAYMENT AUTHORIZATION (For Installment Options only)

I hereby authorize Bay Area Debate Club to initiate debits (payments) to the financial institution indicated above for the purpose of paying class registration fees for above mentioned student. This financial institution is authorized to debit my account for the amount mentioned above. This authority is to remain in full force and effect until either I revoke it by giving 10 days prior written notice to Bay Area Debate Club or it is cancelled by Bay Area Debate Club after the number of payments mentioned above are completed. If the first debit in any given month was unsuccessful whether due to insufficient funds or bank error, Bay Area Debate Club has the right to re-initiate the debit entry.

Account Holder Name: _____ Signature: _____

ATTACH VOID CHECK HERE
(For installment option by Check)