

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

45630 Parkmeadow Court, Fremont, CA 94539

http://www.bayareadebateclub.com Fax: 510-350-9096

Email: info@bayareadebateclub.com Phone: 510-573-2497

REGISTRATION FORM			
Class Location:	Chadbourne Elementary School	ol Course: Debates Series(DS)	
Student Name_		Grade	
Parent/Guardian Name		Phone	
Contact Email:			
Tuition (Please	check one) nent: \$495 (\$460 EARLY BIRD till Option: 7 monthly installments	Method of Payment (Check of 1/10) [] Credit Card – Complete Section	'
[] Visa [] N Card Number: _	AY BY CREDIT CARD Master Card [] Amex	Exp Date: CVV:	
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 Gurus Educational Services Inc DBA Bay Area Debate Club to charge my credit card or banking account listed above for 7 equal monthly installment of \$75. The first installment will be charged on the date the agreement is received. Subsequent monthly installments will start on 2/20/15 or 30 days from the day of signing this agreement whichever is later. If this form is submitted before 1/10/15, installment amount will be reduced to \$70. This payment authorization is valid and to remain in effect unless I notify Bay Area Debate Club of its cancellation by sending 10-day advance written notice to info@bayareadebateclub.com. Refer to our website for refund, cancellation and privacy policy. Account Holder Name:			
Account Holder	oignature	Date	

ATTACH VOID CHECK HERE (For installment option by Check)