

2017-2018 Team - Tuition Fees Automatic Payment Authorization

I authorize Athletic Achievement, Inc., dba Oceanside Gymnastics to automatically process my credit card indicated below for payment of **tuition**, **annual registration fees**, **and team fees listed below**.

I understand that my card will be processed on the dates listed below for the full amount due. If you wish to set a specified amount charged to the card listed below, please indicate the amount. This authorization will remain in effect until I submit a 14 day advance written notification of its termination or through the end of Session #1, 2018. Refunds requested after your card has been auto processed, but before the first day of the new session will be assessed a 10% processing fee. Declined auto-pay transactions will be assessed a \$20.00 late fee.

Session #	Auto Charge Processing Date	Session Dates	Total Charge (Office Use Only)	Staff Initials
#1 (2017)	December 5, 2016	Jan. 2 th - Feb. 4 th		
#2 (2017)	January 23, 2017	Feb. 6 th - March 11 th		
Mock Meet	February 10, 2017	Shamrock Showcase, If applicable, Dynamite, Level 1, Level 2, Girls Pre-Comp		
#3 (2017)	February 27, 2017	March 13 th - April 15 th (Closed March 14 th & 15 th) Tuition will be prorated		
#4 (2017)	April 3, 2017	April 17 th - May 201 th		
#5 (2017)	May 8, 2017	May 22 nd - June 24 th		
#6 (2017)	June 12, 2017	June 26 th - July 29 th (Closed July 3 ^{rd &} 4 th) Tuition will be prorated		
USAG/SoCal	June 12, 2017	If applicable, Estimated \$75.00		
#7 (2017)	July 17, 2017	July 31 st - September 2 nd		
Critique	July 17, 2017	Compulsory In-House Critique Meet, Estimated \$40.00, If applicable		
#8 (2017)	August 21, 2017	September 4 th - October 7 th (Closed September 4 th)		
#9 (2017)	September 25, 2017	October 9 th - November 11 th		
#10 (2017)	October 30, 2017	November 13^{th} - December 21^{st} (Closed Nov 20^{th} - 25^{th} , Dec 22^{nd} & 23^{rd} Tuition will be prorated		
#1 (2018)	December 11, 2017	$Jan.3^{rd}$ - $Feb.~4^{th}$		

______Vending \$____/month _____Open Gym/Fun Zone ______ Merchandise ______ Events/Camp

Clients ID:_______ Student(s) Name(s):______

Credit Card: MASTERCARD VISA AMERICAN EXPRESS DISCOVER

Credit Card #_______ Exp:_____

Name on Card:_______ V-Code_____

Billing Address:_______ City/Zip:______

Signature: ______ Date:

In addition, I authorize additional charges to my card for (Initial each for additional approved charges):