

I,		give Gyr	nnastics Go	ld
I, permission to charge my cred	it/debit card \$ _		per month i	for
tuition. I understand that class	ses run like the	school year	August	
through May. My card will n	o longer be cha	rged after M	ay UNLES	S
have notified the Front Desk	of my intent to	continue thre	ough the sur	m-
mer. If for any reason I need	to withdraw be	fore May, I a	ım required	to
turn in a 2 week notice either	by email or har	nd written to	the Front	
Desk. Furthermore, I underst	and that it is m	y responsibil	ity to conta	ct
the Front Desk with updated	card information	n if it change	es during th	is
time to avoid applicable late i	fees. Please not	te that registi	ration fees a	are
due annually and will be char	ged in your ann	ual renewal	month.	
Child(rens) name(s):				
Card type: (circle one) Visa	MastarCard	Discover	Amov	
Card type. (circle one) Visa	MasterCaru	Discover	Amex	
Card Number:				
Expiration date:				
Name on card:				
Zip code:				
G'		D 4		
Signature:		Date:		