



Top Contenders Gymnastics Academy



1st Child Name: _____ DOB: _____
 2nd Child Name: _____ DOB: _____
 3rd Child Name: _____ DOB: _____
 4th Child Name: _____ DOB: _____

Primary Phone _____ Address _____
 City _____ State _____ Zip _____

1st Parents Name: _____ 2nd Parents Name: _____
 Work Phone _____ Work Phone _____
 Cell Phone _____ Cell Phone _____

Email Address(es): _____
 Emergency Phone _____ Contact Person _____

How did you hear about our facility? _____

POLICIES AND PROCEDURES:

- ____ Trial class is \$15.00; if you register for a least one class this fee will be credited towards the first month tuition.
- ____ Tuition, registration and reinstatement fees are not refundable.
- ____ Payments received after the 5th of the month will be assessed a \$25.00 LATE CHARGE
- ____ A \$25.00 fee will be added to your account for any checks returned from the bank.
- ____ I understand that there will be a fee for withdrawing my child on a temporary basis. Additionally, I understand that there will be a reinstatement fee if applicable.
- ____ Tuition is due and payable on the 25th of each month for the upcoming month. Please note the late fee charge will be applied.
- ____ Top Contenders requires a "30 Day Written Notice" prior to leaving our establishment. This notice must be received by the first of the month prior to leaving. If written notice is not received according to this policy, you are still responsible for full payment of the month(s) that you failed to give notice.
- ____ I am choosing the following payment option: (circle one) Monthly 3 Month (5% disc) 6 Month (7% disc) Yearly (10% disc)
 Not applicable towards team tuition
- ____ I authorize Allie Enterprises d/b/a Top Contenders Gymnastics Academy to bill my credit card ending in _____ for any current or past due balance on my account per the policy stated above. A credit authorization form is attached; Allie Enterprises d/b/a Top Contenders ensures the safest record keeping practices available. (*plus 2.75% service charge)
- ____ I authorize Allie Enterprises d/b/a Top Contenders Gymnastics Academy to bill my credit card on a monthly basis. A credit authorization form is attached; Allie Enterprises d/b/a Top Contenders ensures the safest record keeping practices available. (*plus 2.75% service charge)

I have read all policies listed above and agree to adhere to these policies.

Date _____ Student Signature (If 18 or older) _____

Date _____ Signature Parent/Guardian _____

FOR OFFICE USE ONLY

(pd cash, check or credit)

Class Day/Time/Coach:

1st: _____ 3rd: _____
 2nd: _____ 4th: _____

Trial Deposit Fee: \$15.00 (student joins, deduct fee from 1st month tuition) each child:

1st: _____ 2nd: _____ 3rd: _____ 4th: _____

Registration Fee: *Due annually paid no later than January 30th (non-refundable)*

(\$75.00-1 child; \$125.00-2 children; \$150.00-3 children or more)

1st: _____ 2nd: _____ 3rd: _____ 4th: _____

Tuition: *Due monthly on 25th of each month (non-refundable)*

1st: _____ 2nd: _____ 3rd: _____ 4th: _____

____ Gymnastics ____ Tumbling

Initials: _____ Date: _____

Date Keyed: _____ Init: _____

Top Contenders Gymnastics Academy

Physical Address: 3203 Premier Drive
Spring Hill, Florida 34604

Mailing Address: 4532 Lake In The Woods Drive
Spring Hill, Florida 34607

Telephone Number: (352) 593-4910

Email: tc4eas@yahoo.com

Website: www.topcontenders-gymnastics.com

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your Visa, MasterCard, American Express or Discover Card. There will be a service charge added to your monthly charge. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage);
- Your payment is always on time (even if you're out of town), eliminating late charges.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed or texted to you and the charge will appear on your statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ (full name) authorize ALLIE ENTERPRISES d/b/a TOP CONTENDERS GYMNASTICS ACADEMY to charge my credit as indicated below in the amount of \$_____ plus service charge (2.75%) totaling \$_____ on the 1st day of each month representing monthly tuition for gymnastics training for my child, _____.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	CVV (3 digit code) _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Allie Enterprises d/b/a Top Contenders Gymnastics Academy in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.