Panthers Gymnastics Club
Recreational 2008-2009

Gymnast Name _____ **Birth Date M**_____ **D** _____ **Y** _____
First **Last**

Address _____ **Email** _____
Street

_____ **Postal Code** _____
City

Phone No. **Home**_____ **Work**_____ **Cell**_____

Father's Full Name _____ **Mother's Full Name** _____

Emergency Contact Name _____ **Phone** _____

MB. Medical Registration No. _____ **Personal Health #** _____
(6 digits) **(9 digits)**

Medical conditions we should be aware of : _____

Member last year **Yes**_____ **No**_____

Class Registering For:

Level _____**Day** _____**Time**_____

Cost Sept. – Dec. 2008 _____

Cost Jan. – May 2009 _____

TOTAL COST _____

PAYOR AUTHORIZATION

To: Panthers Gymnastics Club

Account Holder: **Full Legal Name** _____

Exact Name in which Account is Held _____

Name of Bank _____ **City** _____ **Prov.** _____

Account # _____ **Branch #** _____

TERMS OF AUTHORIZATION TO DEBIT THE ABOVE ACCOUNT

I _____ **authorize Panthers Gymnastics Club to debit the above account in the amount of**

$_____ **on the** _____ **day of** _____ **as the required initial payment . In addition Panthers is authorized**

to debit this account in the amount of _____ **on the** _____ **day of each month from October 2008 until May 2009**

and in the amount of _____ **on October 15, 2008 as payment for the mandatory chocolate fundraiser.**

I agree to notify Panthers promptly in writing if there is any change in the above account information.

Signature or Authorized Signature of Account Holder

******* for verification, please attach a blank cheque marked "VOID" to the completed Agreement.*******

THIS IS YOUR OFFICIAL TAX RECEIPT _____
Authorized Panthers' Representative **Signature** **Date**