

Panthers Gymnastics Club Recreational

New Member _____ Returning Member _____

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 : _____

Class Registering For

Level _____ Day _____ Time _____
Admin. and MGA Fees _____
Cost Sept. - Dec. 20 _____
Cost Jan. - June 20 _____
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 20 _____ until March 20 _____ and in the amount of _____ on October 16, 20 _____ 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 of Account Holder _____ Date _____ Panthers' Representative _____

***** for verification, a blank cheque marked "VOID" or a computerized bank form must be attached to the completed Agreement.*****

THIS IS YOUR OFFICIAL TAX RECEIPT