

Santa Clara Aquamaids Synchronized Swimming Club, Inc.
LOS GATOS - FRIENDS, FITNESS, & FUN PROGRAM
AUTHORIZATION TO CHARGE CARD

QUARTER TWO - 2010

Please complete this form with the information necessary to process your payment by credit card (MC, Visa, Disc). Your data will be kept confidential and secure.

Please charge my credit card the FEE for each of the sessions checked

<u>DATE</u>	<u>DAYS + TIME</u>	<u>DURATION</u>	<u>FEE</u>
_____ April 5 - 28	M + W, 4 - 6 p.m.	4 weeks	\$200
_____ May 3 - 26	M + W, 4 - 6 p.m.	4 weeks	\$200
_____ June 2 - 23	M + W, 4 - 6 p.m.	4 weeks	\$175

_____ *name of swimmer*

_____ *name as it appears on credit card*

_____ *address - number and street*

_____ *city*

_____ *zip code*

_____ *credit card number*

_____ *expiration date*

_____ *3 digit code on back*

_____ *cardholder signature*

**Please sign and submit to SCA, PO Box 2066, Santa Clara, CA 95055
OR drop in the lockbox at the bingo hall.**

_____ *phone number*

_____ *e-mail*