CREDIT CARD AUTHORIZATION FORM - SUMMER SESSION 2019

If opting to pay by credit card: Your privacy is very important to us. This document will be kept in a secure location and micro-shredded at the end of the season. Submit upon arrival to your child(ren)'s class.

CHILD(REN)'S LAST NAME(S)

CHILD(REN)'S FIRST NAME(S)

NAME AS IT APPEARS ON CARD

BILLING ADDRESS

CITY, STATE, ZIP

circle one:

V MC D AMEX

CARD #

EXP. DATE (month/year):

3 or 4-DIGIT CODE:

By signing below, I hereby authorize Philadelphia Gymnastics Center to maintain a record of my credit card information and charge my credit card for the classes my child(ren) attend(s).

Authorized Signature:

V FOR PGC USE ONLY V