Player:

SIESTA KEY JUNIORS

2019-2020 Club Season

Membership Financial Agreement and CC Authorization Form

Membership Agreement:			
	all terms and conditions associ	ated with being a member of Siesta Key	
, •		outlined in the club handbook. I certify that I	
have read the Siesta Ke	y Juniors Handbook. <mark>Player Initi</mark>	al:Parent Initial:	
Financial Agreement:			
	nd parent/auardian hereafter i	ointly designated as Member, agree to	
•		Nembership entitles the Member to participate	
·		he total deposit fee due is \$500. This will apply	
•	•	r's specific team but does not include any	
travel expenses.			
Player Information: (PLEASE	PRINT)		
First Name:	Last Name:	Home Phone:	
Address:	City, Sta	City, State, Zip	
Email:	Date of	Birth:	
Payment Information and	Authorization: (PLEASE PRINT)		
-		MasterCard, American Express or Discover Card. This is	
scriedule your payment to b	mandatory for mem		
1	authorizo	Signata Kay Juniara IIC to charge my	
1,	, doirionze	Siesta Key Juniors, LLC to charge my	

Amex	Discover	Mastercard	Visa

Account Number:	CVN:
Billing Address:	City/State/Zip:
	,

SIGNATURE _____

Cardholder Name: _____

credit card monthly for a total of \$500 (TOTAL AMOUNT)

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Siesta Key Juniors, LLC** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I understand that

Exp Date: _____

DATE

because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company so long as the transactions correspond to the terms indicated in this authorization form.

SIESTA KEY JUNIORS