SIGNATURE

SIESTA KEY JUNIORS

2020-2021 Club Season

Membership Deposit Financial Agreement and CC Authorization Form

Membership Agreement:						
I hereby agree to accept all			_	•		
Juniors. I will respect and a				•		
have read the Siesta Key Ju	uniors Handbook. <mark>Play</mark>	<mark>er Initial:</mark>	_ <mark>Parent Initial:</mark>			
Deposit Financial Agreemen	t:					
The undersigned Player and		eafter jointly designat	ed as Member, ag	ree to		
accept membership in the	Club for the entire sec	ason. Membership en	titles the Member t	o participate		
in practices and tourname	•		it fee due is <mark>\$50</mark>	0.00		
There will be a separate CO	C Authorization form fo	r team specific fees.				
Primary Contact Information:	: (PLEASE PRINT)					
First Name:	Last Name:	Mair	n Phone:	<u></u>		
Address:	ddress: City, State, Zip:					
Email:						
Payment Information and Au	thorization: (DLEACE DDINIT)					
•	•					
Schedule your payment to be a		ur Visa, MasterCard, Ame for membership.	rican Express or Discov	er Card. This is		
l,	, authorize \$	Siesta Key Junior	s to charge m	y credit		
card for a total of \$_						
	<u> </u>					
Amex	Discover	Mastercard	Visa			
Cardholder Name:		Exp Date:				
Account Number:		CVN:				
Billing Address:						

DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Siesta Key Juniors** 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 I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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.