



Agreement Date: _____ Contract Start Date: _____
 Name: _____
 Address _____ City _____ State _____ Zip Code _____
 Home Phone: _____ Cell Phone: _____
 Email: _____
 Emergency Contact/Relationship: _____ Phone: _____

CONTRACT DURATION AND AUTOMATIC RENEWAL:

Contract will last for the duration of six weeks. By choosing membership options (1x) or (2x) you will be able to come either day(s) of the week.

CANCELLATION POLICY:

PLEASE NOTE: PAID IN FULL MEMBERSHIPS ARE NON-REFUNDABLE.

| | |
|---|---|
| Mission Teen S & C Membership (1x) | Mission Teen S & C Membership (2x) |
| \$250 | \$400 |

Please choose the day(s) that your child will be participating:

| | |
|----------------|-----------------|
| Tuesday | Thursday |
|----------------|-----------------|

CC# _____ Expiration: _____ Code: _____
 BEFORE SIGNING PLEASE MAKE SURE TO READ ALL CONTRACT WORDING CAREFULLY AS THIS CONTRACT
 SHALL HAVE FULL FORCE AND EFFECT, ONCE YOU SIGN.
 Signature: _____ Date: _____ Print Name: _____