



SPOTS DROP-IN CLASSES 2020
REGISTRATION FORM

Child Name: _____ Date: _____
Birth Date: _____ Age: _____ Sex: M/F _____
Parent's Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Contact #: _____ Email address: _____

CLASS FEE: \$30

CLASS NAME: _____ **CLASS DATE:** _____

Zelle: payment to communications@spotsot.com (please include child's last name and first initial and date of class)

Venmo: payment to @SPOTS-OT (please include child's last name and first initial and date of class)

Credit Card (please mark one): Visa Master Card American Express

Name as it appears on card: _____

Card #: _____

Expiration Date: _____ CCV: _____ Billing Zip Code: _____

Total Amount: _____

Cancellation Policy:

I give SPOTS permission to charge the credit card above for the total cost of the class. Cancellations must be done 24 hours in advance. No refund will be available after this point. All refund requests must be submitted in writing.

Signature: _____ Date: _____