



Master Daniel Jung
90 Airport Road
Concord NH, 03301
603-714-5472
nhkicks@gmail.com

2017 Summer Camp

Session 1: July 17 - 21 Session 2: July 24 - 28
9am - 12pm \$200.00 pp

Student's Name _____ Age _____ Session _____

Student's Name _____ Age _____ Session _____

Student's Name _____ Age _____ Session _____

Parent/Guardian(s) Name _____ Today's Date _____

Company/Work _____ Work Phone _____

Cell/Home Phone _____ Emergency Contact _____

Health/Special Conditions _____

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. **This is permission for a single transaction only**, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize NH Kicks Taekwondo Family Fitness to charge my account
(full name)

indicated below for _____ on or after _____.
(amount) (date)

Billing Address _____ City, State, Zip _____ Phone _____

Payment Method

Pay by Check (make check out to: NH Kicks Taekwondo Family Fitness)

Visa MasterCard

Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

SIGNATURE _____

DATE _____

I certify that I am an authorized user of this credit card/bank account and will not dispute this transaction with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.