

CHAMBERLAIN Studios of Self Defense



Program Registration & Billing Change Form - pg. 1

Student(s) Name: _____ Date: _____

Martial Arts Instruction

(In Dojo)

(Check those you want)

___ \$155/MO For Unlimited Group classes, Age 7 & Up (\$116 for second student = 25% discount)

___ \$135/MO For Unlimited Group classes, Age 4 - 6 (\$101 for second student = 25% discount)

___ \$95/MO For ONE Group class per week. All ages, (\$25 "Drop-In" rate).

OPTIONAL ADD ONS:

___ \$70/MO For FOUR 15 minute ONLINE private lessons each month (1 per week).

___ \$35/MO For EACH 30 minute private lesson. (Indicate 1, 2, 3 or 4 per month)

___ \$25/MO For 3rd and each additional family members. (Indicate how many additional!)

Martial Arts Instruction

Online ONLY

(Check those you want)

___ \$155/MO For Unlimited Streaming Group classes, All Ages (\$116 for second student = 25% discount)

(Includes FOUR 15 minute private lessons each month for first two students, 1x per week)

(\$25 charge for additional family members if they are in the first or second student's private lessons.)

OPTIONAL ADD ONS:

___ \$70/MO For Unlimited In-Dojo Group Classes.

___ \$35/MO For EACH 30 minute online private lesson. (Indicate 1, 2, 3 or 4 per month)

___ \$ Special Offer!

Registration Fees & Supplies

(ALL new students)

___ \$60 First Student Registration. (\$20/year annual fee drafted on Feb. 1st)

___ \$75 Family Registration (2+ members) (\$20/year annual fee/ drafted PER STUDENT on Feb. 1st)

___ \$35 Child Lightweight Custom CSSD Karate Uniform (Up to size 2)

___ \$45 Adult Lightweight Custom CSSD Karate Uniform (Size 3 & Up)

___ \$15 T-Shirt (various designs and sizes) ___ \$10 Patches (CSSD Designs)

Payment Options

(Check One)

___ Credit Card or Bank Auto Draft - On the 1st of each month (Authorization On Next Page).

___ 1 FULL YEAR - Pay for the year in advance and get 1 add'l month free.

___ 2 FULL YEARS - Pay for 2 years in advance and get 3 add'l months free.

New Student Totals

\$ _____ Program Tuition Monthly Billing Rate (Include additional family members)

\$ _____ Registration Fee

\$ _____ Program Add-Ons

\$ _____ Supplies

Total Due Now

\$ _____

CHAMBERLAIN Studios of Self Defense



Program Registration & Billing Change Form - pg. 2

Student(s) Name: _____

Date: _____

Monthly Auto Draft Authorization

Amount of monthly auto draft: \$ _____

This Authorization is to remain in full force until Chamberlain Studios of Self Defense™ (herein after called "CSSD"), has received 15 day written notification from me of its termination in such a manner as to afford CSSD and DEPOSITORY reasonable opportunity to act upon it. CSSD issues a \$35 charge for insufficient funds. I understand this does not include any charges that may be incurred by my bank.

Cardholder/Account Holders Name (print): _____

Cardholder/Account Holders Signature: _____

*Depository (Bank) Name: _____ City: _____ State: _____

*Bank Transit - ABA#: _____ Account #: _____

I (We) hereby authorize CSSD to initiate DEBIT entries &/or correction entries to our Checking Savings account indicated above, at the depository named above, or to credit the same such account.

OR

Credit Card Type: Visa / MC / Disc #: _____

(Circle One)

Expiration: _____ Billing Zip Code: _____ CVC: _____

I (We) hereby authorize CSSD to charge our Credit Card account indicated above.

To be retained in company file until termination Drafting is done at 12:01am on the 1st of every month.

To protect both you and your account information, NO changes will be made to an account without your express written direction authorizing such changes.

Monthly Tuition & Billing, Cancellation Policy & Yearly Maintenance Fees

1) Please understand that when you enroll in any of CSSD's martial arts or fitness programs your billing will be on a monthly recurring credit card or bank account debit (or you may pay for a year in advance and get an additional month free). This means that your tuition money is withdrawn from your account automatically on the first of the month, year round, until you complete our paperwork to cancel.

_____ (initial) I have read, understand and agree to this.

2) To cancel and stop paying tuition, or to make changes to your monthly membership and stop the monthly billing on the 1st of the month, we require that you fill out a "STOP MY BILLING" form (available at the studio or on our website at: DallasKenpo.com) and return it to us in person, via fax: 214-366-3916, via email: info@DallasKenpo.com, or via certified mail on or before the 15th of the preceding month.

_____ (initial) I have read, understand and agree to this.

3) An annual membership fee of \$20 will be billed each year of your membership on February 1st, to the account on file. In order to cancel the billing of the annual fee, the studio requires written notice and cancellation of your membership on or before January 15th.

_____ (initial) I have read, understand and agree to this.