CHAMBERLAIN STUDIOS OF SELF DEFENSE

PROGRAM REGISTRATION AND BILLING CHANGE FORM

Student(s) Name: _____ **Date:** _____ **Location:** Lakewood / J Dallas
(Circle one)

MARTIAL ARTS INSTRUCTION

☐ **$175/MO** For **Unlimited Group** classes, Age 7 & Up ($131 for second student = 25% off)

☐ **$115/MO** For **ONE Group** class per week. All ages, ($30 "Drop-In" rate).

Family Discounts for Unlimited members! 2nd student is 25% off, 3rd or more only $25/ month.

☐ **$25/ MO** Indicate how many additional family members

OPTIONAL ADD ONS:

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

☐ **$25/MO** Add Kids Leadership Program to 1Xweek memberships (Purple and above)

REGISTRATION FEES & SUPPLIES (ALL NEW STUDENTS)

☐ **$60** First Student Registration OR ☐ **$75** Family Registration (2+ members)

($20/year annual fee drafted on Feb. 1st) ($35/ year annual fee)

CUSTOM CSSD KARATE UNIFORM:

☐ **$35** Child Lightweight (Up to size 2) OR ☐ **$45** Adult Lightweight (Size 3 & Up)

OPTIONAL ADD ONS:

☐ **$10** T-Shirt (various designs and sizes) ☐ **$10** Custom Patches ☐ **$5** Patches

PAYMENT OPTIONS

___ **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

$_____ Supplies / Program Add-Ons

TOTAL DUE NOW

$_____

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Student(s) Name: _____ **Date:** _____

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.

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 AND BILLING, CANCELATION POLICY, AND 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 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.**