

BHTA PREFERRED PAYMENT METHOD FORM- 2021

Please check the box below to indicate your preferred payment method:

BHTA CAMP

- By checking this box, I acknowledge and agree that I will be making a one-time payment for the summer tennis camp, to the Bal Harbour Tennis Academy (BHTA), by the **credit card** number listed below, in the amount of \$_____ = (____weeks x \$250 per week). The payment will be charged on _____. If I choose to have my child attend additional weeks not yet paid for, I give BHTA authority to charge my card listed below for those weeks.
- By checking this box, I acknowledge and agree that I will be making a one-time payment for the summer tennis camp, to the Bal Barbour Tennis Academy (BHTA), by **check**, in the amount of \$_____ = (____weeks x \$250 per week).

Credit Card # _____ EXP _____ CVC _____ Zip Code _____

I understand and agree that I am signing my child _____
to participate in the Bal Harbour Summer Tennis Camp programs.

Parents Signature _____ Date _____