

BHTA PREFERRED PAYMENT METHOD FORM- 2020

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

BHTA ACADEMY

- By checking this box, I acknowledge and agree that I will be making monthly payments for my child _____, to participation in the BHTA Tennis Academy. Monthly payments will be made to the Bal Harbour Tennis Academy, by the **credit card** listed below, in the amount of \$_____ per month. Payments will be charged on the first day of each month. **Please email us before the first of the month if there are any changes to your payment.**
- By checking this box, I acknowledge and agree that I will be making monthly payments for my child _____, to participate in the BHTA Tennis Academy. Monthly payments will be made to the Bal Harbour Tennis Academy (or BHTA), by **check**, in the amount of \$_____. **Check payments must be received by the first day of each month. If we have players who establish a pattern of paying late (after the first of each month), we will require a valid credit card to be kept on file. If we have to take this measure, we will charge your card on the 3rd day of each month that your payment is not received on time.**

Please remember that the BHTA Academy is run throughout the entire school year. Your child's continued growth and improvement can only be accomplished by a commitment to participate in the BHTA on a regular basis. We are entirely committed to the successes of each and every player in our program and hope to have that same commitment from our players and parents.

Credit Card # _____ EXP _____ CVC _____ Zip Code _____

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

Parents Signature _____ Date _____