

PREFERRED PAYMENT METHOD FORM

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 payments for my child _____, to participate in the BHTA Tennis Academy Program. Payment will be made to the **Gajic Coaching**, by the **credit card** listed below, in the amount of \$_____.

- By checking this box, I acknowledge and agree that I will be making payment for my child _____, to participate in the BHTA Tennis Academy Program. Payment will be made to the **Gajic Coaching**, by **check**, in the amount of \$_____.

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 committing to regularly participating in the BHTA. 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 Summer Camp.

Parents Signature _____ Date _____