



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**SEA DOGS SWIM TEAM CREDIT/DEBIT CARD AUTHORIZATION
2021-22 Short Course Season**

Please charge my credit/debit card for the swim team payments as outlined below.

	Total	Initial Payment	October Payment	November Payment	December Payment	January Payment	February Payment
Buccaneer 1	\$781	\$391	\$78	\$78	\$78	\$78	\$78
Buccaneer 2	\$781	\$391	\$78	\$78	\$78	\$78	\$78
Age Group 1	\$950	\$475	\$95	\$95	\$95	\$95	\$95
Age Group 2	\$1005	\$505	\$100	\$100	\$100	\$100	\$100
Age Group 3	\$1030	\$515	\$103	\$103	\$103	\$103	\$103
Junior	\$1069	\$534	\$107	\$107	\$107	\$107	\$107
Senior 1	\$1107	\$557	\$110	\$110	\$110	\$110	\$110
Senior 2	\$1107	\$557	\$110	\$110	\$110	\$110	\$110
High School Girls	\$870	\$435			\$145	\$145	\$145
High School Boys	\$798	\$400	\$105	\$105	\$105		\$83
PreTeam	\$240	full payment due at registration					

PLEASE CLICK HERE IF YOU WOULD LIKE TO PAY IN FULL AT THE TIME OF REGISTRATION. OTHERWISE, INSTALLMENT PAYMENTS WILL BE SET UP AUTOMATICALLY

By signing this form, I acknowledge that the card listed herein will be charged as outlined above. If I wish to pay by another method, I must provide payment **before** the installment date, otherwise the card provided will be charged.

This agreement may be terminated at any time up written notice to the Southington-Cheshire Community YMCAs

Child's Name _____ Swim Group _____ Monthly Rate _____ \$ _____

Child's Name _____ Swim Group _____ Monthly Rate _____ \$ _____

Child's Name _____ Swim Group _____ Monthly Rate _____ \$ _____

CREDIT CARD

Type of Card: MC Visa Discover Amex
 Card No. _____ - _____ - _____
 Expiration Date _____ / _____ CVV _____
 Cardholder's Name _____
 Cardholders Signature _____ Date _____

OFFICE USE ONLY

Received By _____
 Current Membership _____



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COPY FORM AND PUT IN SWIM TEAM MAIL BOX