



Credit Card Authorization Form

Midland Fall Program 2025-2026

Child(ren)'s Information:

Last Name(s): _____ First Name(s): _____

I authorize the Boys & Girls Clubs of Greater San Diego to make recurring charges to my credit/debit card listed below and if necessary to initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until the Boys & Girls Clubs of Greater San Diego has received written notification to cancel. Notice must be received by the Boys & Girls Clubs of Greater San Diego at least **seven days** prior to the recurring charge date in order to cancel the next payment:

Name as it appears on card: _____

Type of card: ☐ Visa ☐ MC ☐ Discover ☐ AMEX

Card Number: _____ Expiration: ____/____

Billing Address: _____

City/State/Zip: _____

Phone Number: (_____) _____ - _____

Please mark the box(es) on the months you would like your child to attend. ***Please note you will only be charged for the months you indicate you would like to attend. You must notify the Membership Clerk 7 days prior to the payment date if you will not be attending a month that is checked.***

No refund will be given for cancelations made less than 7 days prior to the payment date.

Fees are subject to change without notice. Please follow up with the Club office.

Month	Amount	Due Date	Scholarship/Sibling?	Attending?
August	\$234	July 25, 2025		
September	\$360	Aug. 29, 2025		
October	\$414	Sept. 26, 2025		
November	\$252	Oct. 31, 2025		
December	\$270	Nov. 21, 2025		
January	\$324	Dec. 19, 2025		
February	\$270	Jan. 30, 2026		
March	\$396	Feb. 27, 2026		
April	\$306	March 27, 2026		
May	\$360	April 24, 2026		
June	\$72	May 29, 2026		

Card Holder's Signature _____

Date _____

Office Use Only	Sibling Discount	20%	Scholarship	15%	30%	50%	
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