Child(ren)'s Inform	nation:						
Last Name(s):		First Name	e(s):				
card listed below a error. This author a written notificat	and if necessary to it ity will remain in ef ion to cancel. Notic	Greater San Diego to r Initiate adjustments f fect until the Boys & te must be received b ring charge date in or	or any transad Girls Clubs of y the Boys &	ctions cred Greater Sa Girls Clubs	ited or in Dieg of Gre	debited o has rec ater San	in eived
Name as i	t appears on card:					_	
Type of card:	Visa	MC Discov	er	AMEX			
Card Number:				Expiration	າ:		
Billing Address: _							_
City/State/Zip:							_
Phone Number: (_)	-	_				
for the months you payment date if you	indicate you would li u will not be attendin iven for cancellations	ou would like your child like to attend. You mus g a month that is check made less than 7 days hange without notice. Plea	t notify the Me sed. prior to the pa	embership C	Clerk 7 a	-	_
Month	Amount	Due Date		hip/Sibling		Attendin	g?
August	\$208	July 25, 2025		177 - 0			<u> </u>
September	\$320	Aug. 29, 2025					
October	\$368	Sept. 26, 2025					
November	\$224	Oct. 31, 2025					
December	\$240	Nov. 21, 2025					
January	\$288	Dec. 19, 2025					
February	\$240	Jan. 30, 2026					
March	\$352	Feb. 27, 2026					
April	\$272	March 27, 2020	5				
May	\$320	April 24, 2026					
June	\$64	May 29, 2026					
Card Holder's Sign	ature			Date			