



Mittleman

Jewish Community Center
Schnitzer Family Campus
6651 SW Capitol Highway, Portland, OR 97219
P: 503.244.0111 | F: 503.245.4233 | oregonjcc.org

Swim Team Registration Payment Authorization

Responsible Party Name _____ Date: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Emergency Phone _____

If participant is a minor:

Parent Name 1 _____ Parent Name 2 _____

| Participant Name (First and Last) | Age | Member Y/N | Bronze: Cost: \$95. Member Cost: \$75 Silver: Cost: \$110. Member Cost: \$85 Gold: Cost: \$120. Member Cost: \$100 | Monthly Fee |
|--|-----|---------------|--|----------------|
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| | | | | |
| USA swimming membership mandatory fee \$68 per child (one-time yearly charge) | | | | |
| TOTAL | | | | |

| Monthly Authorizations | |
|---|---|
| <p>AUTOMATIC CREDIT CARD CHARGE</p> <p>I authorize Mittleman Jewish Community Center (MJCC) to charge my credit card account to pay the above amount on approximately the 1st of each month, commencing ___/01/201__.</p> <p>Additionally, I authorize the MJCC to charge my credit card/bank account for swim meet fees plus a \$10 coaching fee for each meet in which s/he is entered.</p> <p>This authorization is to remain in effect until I provide written notification. I understand that I have the right to cancel this authorization by giving written notice to MJCC ten business days prior to the 1st of the month in which I want this authority rescinded.</p> <p><input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> American Express</p> <p>Credit Card #: _____</p> <p>Exp. Date: _____ CVC #: _____</p> <p>Signature: _____</p> <p>Date: _____</p> | <p>AUTOMATIC FUNDS TRANSFER</p> <p>I authorize Mittleman Jewish Community Center (MJCC) to transfer funds from my checking account to pay the above amount on my MJCC account on approximately the 1st of each month, commencing ___/01/201__. (Please attach check if new authorization.)</p> <p>Additionally, I authorize the MJCC to charge my credit card/bank account for swim meet fees plus a \$10 coaching fee for each meet in which s/he is entered.</p> <p>I authorize the financial institution identified below, to accept these charges to my account. This authorization is to remain in effect until the MJCC has received written notification. I understand that I have the right to cancel this authorization by giving written notice to MJCC ten business days prior to the 1st of the month in which I want this authority rescinded.</p> <p>Bank/Financial Institution: _____</p> <p>ABA#: _____</p> <p>Account #: _____</p> <p>Account Name: _____</p> <p>Signature: _____ Date: _____</p> |