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The Karate School-Atascocita
7021 Atascocita Road
Humble, TX 77346
tksatascocita@gmail.com

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The Karate School - Fall Creek
8650 N Sam Houston Pkwy E
Humble, TX 77396
tksfallcreek@gmail.com

Credit Card Authorization - Must be completed for student to attend

Student(s) Name _____ School _____
Email _____ T-shirt _____ Grade _____

Prices and Terms

Term: Karate Camp

Oct 2-6

Nov 20-21

Dec 18-22

Feb 5-9

Mar 11-15

& Other Day Camps

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\$39/ Day for Karate Camp

Food: Parents are responsible for providing Lunch and snacks (2 snack times per day)

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Please add snack to my child's fee:

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I will provide snacks for my child

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1 Item per snack time

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2 items per snack time

Drop-ins for our school year camps are not required to pay a registration fee.
Uniform & karate tshirt are not included since a registration fee is not paid.

Your child will need a karate t-shirt if attending field trips.

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I would like to purchase a karate t-shirt (\$15)

Size: _____

Method of Payment: Credit Card

Card Type: _____ CVV Code: _____

Card # : _____ Exp: _____

Zip Code _____

Billing Agreement

This agreement is between The Karate School and Customer. The Karate School will appear on your bank/credit card statement. If for any reason the draft is not approved, The Karate School will add a \$10.00 fee. The Karate School is not responsible for any bank fees incurred by Customer. The Karate School has the right to resubmit returned/declined items without prior notice.

If your child is not picked up by 6:30pm, late fees will automatically be billed to the credit card on file.

I agree pictures of my child may be used to promote The Karate School without compensation.

I have read this agreement and understand that once it is signed by me it is a legally binding and enforceable obligation and I agree to comply with all the provisions, terms and conditions set forth on both sides of this agreement. I acknowledge I have received a copy of this agreement.

I agree to pay the Balance Billed set forth on this agreement.

Print Name _____

Customer's Signature _____

Date _____