

Drop-In Program Form – Mollenkopf Family Branch Credit Card Authorization Form – Mollenkopf Family Branch

Child(ren)'s Information:	
Child Last Name(s): F	First Name(s):
Child Grade: Child School:	
and if necessary to initiate adjustments for any transaction effect until the Boys & Girls Clubs of Greater San Diego has	make recurring charges to my credit/debit card listed below ons credited or debited in error. This authority will remain in as received written notification to cancel. Notice must be t least seven days prior to the recurring charge date in order to
Name as it appears on card:	
Type of card: Visa MC Disc	over AMEX
Card Number:	Expiration:
Billing Address:	
City/State/Zip:	Phone Number:
Card Holder's Signature	Date
indicate you would like to attend. You must notify the Members	to attend. Please note you will only be charged for the months you ship Clerk by the 23 rd (the month prior) if you will not be attending a ce. No refund will be given for cancelations requested after the 23 rd

	,					OFFICE USE ONLY				
Month	Fee	s 20% sibling	50% Scholar.	30% Scholar.	15% Scholar	Mor	eck ith(s) eded	Total Amount Charged	Receipt #	Staff & Date
August	\$112	2 \$90	\$56	\$78	\$95					
September	\$266	5 \$213	\$133	\$186	\$226					
October	\$322	2 \$258	\$161	\$225	\$274					
November	\$210) \$168	\$105	\$147	\$179					
December	\$210) \$168	\$105	\$147	\$179					
January	\$252	2 \$202	\$126	\$176	\$214					
February	\$210) \$168	\$105	\$147	\$179					
March	\$294	\$235	\$147	\$206	\$250					
April	\$238	3 \$190	\$119	\$167	\$202					
May	\$294	\$235	\$147	\$206	\$250					
June	\$126	5 \$101	\$63	\$88	\$107					
Office Use 0	Only	Sibling Discou	nt 20%		Scholar	ship	50%	30%	15%	