Child(ren)'s Inform	iation.						
Last Name(s):	First Name(s):						
card listed below a error. This author a written notificati	and if necessary to in ity will remain in eff ion to cancel. Notic	ireater San Diego to m nitiate adjustments fo fect until the Boys & C se must be received by ing charge date in ord	or any transac Girls Clubs of (y the Boys & (tions credi Greater Sai Girls Clubs	ited or debited i n Diego has reco of Greater San	n eived	
Name as it	t appears on the car	d:					
Type of card:	Visa	MC Discove	er 🔲 A	MEX			
Card Number:	Card Number: Expiration:						
Billing Address:						-	
City/State/Zip:						-	
Phone Number:							
Please mark the box	(es) on the months yo	ou would like your child	to attend. <i>Ple</i>	ase note yo	u will only be ch	arged	
for the months you month prior) if you	indicate you would li will not be attending ven for cancelations i	ou would like your child ke to attend. You must a month that is checke requested after the 23 rd ange without notice. Pleas	notify the Me d. t (the month p	mbership Cl rior).	lerk by the 23 rd (
for the months you month prior) if you No refund will be gi	indicate you would li will not be attending ven for cancelations i	ke to attend. You must a month that is checke requested after the 23 rd	notify the Med. d. the month performs the follow up with	mbership Cl rior). the Club offi	lerk by the 23 rd (ce.	the	
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