



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

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

Feb 5-9

Nov 20-21

Mar 11-15

Dec 18-22

& Other Day Camps

\$39/ Day for Karate Camp

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

Please add snack to my child's fee:  I will provide snacks for my child

1 Item per snack time

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.**

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 \_\_\_\_\_