

Telluride Adaptive Sports Program 2009/2010 Payment Form

Name of Participant: _____

We need pre-payment or credit card information on file to hold your reservation:

Please circle: VISA MASTERCARD AMERICAN EXPRESS
Name on Card: _____
Credit Card #: _____ Expiration Date: _____
Billing address: _____
City, state, & zip-code: _____
Signature: _____
Phone number: _(_____) _____
e-mail address: _____

Cancellation Policy: If you call at least 24 hours prior to your scheduled lesson, then there will be no charge. However, if you cancel within 24 hours of your scheduled lesson you will be charged 1/2 of your lesson fee. If you do not call nor do you show up for your scheduled lesson, you will automatically be charged the full lesson amount the day of your scheduled lesson. Initials _____

Payment Preference? credit card cash check

Do you need a paper receipt for your payment? yes no

If yes, how would you prefer to receive this receipt: postal service e-mail

Dates Scheduled: _____

Kept on file for your visit, destroyed no later than April 15, 2010