Misawa Outdoor Recreation Center
Payment Agreement and Credit Card Autopay Authorization

Child(ren) Last Name, First: B BB B B B B B B B BBBBBB BB BB BB BB BB BB BB BBBBB BB BB BB BB BB

Name of Sponsor_____ ☐ADAF ☐AD Other ☐DOD Civ ☐Other

Cell Phone:_____ Duty Phone: _____

Email Address: B B B B B B B B B B B B B B B B B B B B B B B B B B B B B

Thank you for participating in the Outdoor Recreation Program- Swim Lessons.

To ensure your experience is as enjoyable as possible we have adjusted our registration process.

The price per session is listed below: (Please check next to the class for which you are registered)

____Water Babies:

____Water Babies (SAT):

____Toddlers:

____Toddlers (SAT):

____Preschool:

____Preschool (SAT):

____Level 1-6:

____Level 1-6 (SAT):

By signing below, I authorize the Outdoor Recreation Center to automatically charge my account for any balance due for services I have agreed to pay as stated above.

_____ _____

Signature **Date**

This document contains personal data subject to the Privacy Act of 1974, 10 USC 8012 & EO 9397.
Requires safeguarding and disclosure only as authorization in AFI 33-332. CONFIDENTIALITY APPLIES.

Credit Card Number:

Type of Card: ☐ Club Card Master Card ☐ Visa ☐ Mastercard

Cardholder Name (as it appears on the card): _____

3 Digit CVV Code: _____ Expiration Date (MM/YY): _____ Billing Address Zip Code _____