

Call LGS Recreation's main office at (408) 354-8700 to register & pay a \$99 NON-REFUNDABLE deposit fee. You must then submit an **AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS FORM** within two weeks of registration in order for your space to be held. (Scroll down for the form) This agreement authorizes LGS Recreation to charge your credit card the remaining balance in 4 equal monthly payments of \$175 during the months of September through December.



LGS | RECREATION

Los Gatos-Saratoga Community Education & Recreation
 123 East Main Street, Los Gatos, CA 95030
 Phone: (408)354-8700 Fax: (408)395-3828
www.lgsrecreation.org

**AUTHORIZATION AGREEMENT
 FOR DIRECT PAYMENTS**

Please print information below-thank you.

STUDENT LAST NAME _____
 STUDENT FIRST NAME _____
 SCHOOL YOUR CHILD ATTENDS _____

CREDIT CARD INFORMATION

I hereby authorize LGS Recreation to initiate charges (on or about the first week of each month) to my credit card indicated below, to pay the remaining balance for the following program: El Programa Español. My credit card will be charged \$175 the first week in September, October, November and December.

PLEASE BILL MY: VISA MASTERCARD DISCOVER

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EXP. DATE

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Month Year

CARD HOLDER NAME (please print) _____

BILLING ADDRESS: _____

This authorization is to remain in full force until the balance is paid in full. **REFUNDS** are only given two weeks prior to the class start date, minus the non-refundable deposit fee. If you choose to drop the class after the deadline date – you are still responsible for the remaining balance and will be charged whether or not your child is in attendance.

I hereby authorize LGS Recreation to charge my credit card in four equal payments of \$175 during the months of September, October, November and December. I understand I am responsible to pay the remaining balance, even if the class is dropped after the deadline date of two weeks before the class begins.

SIGNATURE _____ DATE _____

COMMENTS: (FOR OFFICE USE ONLY)