

\$1010 TOPS/ELITE CAMP – FULL PAYMENT OPTION

DATE:				
NAME OF GYMNAST:				
CREDIT CARD TYPE: (CIRCLE ONE)	VISA	MASTERCARD	DISCOVER	
CREDIT CARD#				
EXPIRATION DATE:	/	3 DIG	3 DIGIT # ON BACK OF CARD:	
STREET ADDRESS:				
CITY:	S	STATE:	ZIP:	
PHONE #:	E-N	MAIL ADDRESS:		_
	ly 12-14, 202	4. I understand that on	enroll my child in the Top Flight Gymnast ace I submit my child's Registration, all	
THE PAYMENT SCHI	EDULE IS	AS FOLLOWS:		
Payment: \$1010 This am	ount will auto	omatically be charged up	oon receipt of Registration.	
SIGNATURE OF CAR	DHOLDER	k:		

Excalibur Gymnastics 5816 Arrowhead Drive Virginia Beach, Virginia 23462 Ph: 757 / 499-8258 Fax: 757 / 499-8451

To use the credit card payment option, this form MUST be sent with the registration form!

Please be advised, for your security and to fully comply with credit card industry processing standards, we are no longer able to accept credit card payment information through e-mail.