



2024/25 Thornton Dance Team Payment Contract

Guardian: Last Name _____ First Name _____

Child: Last Name _____ First Name _____

Home Address _____ City _____ ZIP _____

Email _____ Telephone _____

I hereby agree to the following payment plan for the city of Thornton Dance Team

\$ _____ will be charged to my credit or debit card on the third of each month starting _____.

Final payment will be withdrawn on August 3, 2025

If the third of the month happens to fall on a weekend or holiday, the withdrawal will be made on the next business day.

Credit/Debit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____ **CVV** _____ **Billing Zip Code** _____

I hereby acknowledge that I shall remain liable to pay the entire remaining amount for the re-enrollment in the program should any card be rejected.

I have read and agree to the payment plan.

Signature _____ Date _____

Staff Purposes Only:

Activity No. _____ Date Processed _____