



2025/2026 Thornton Twisters Gymnastics 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 Thornton Twisters Gymnastics Team:

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

Final payment will be withdrawn on July 3, 2026.

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 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 _____