



swimgym



Alper JCC
MIAMI

CHARGE FORM

Date: ___ / ___ / ___

Last Name: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home # _____ Phone Work # _____

Cell Phone # _____ E-mail: _____

CREDIT CARD: AMEX ___ VISA ___ MASTERCARD ___ DISCOVERY ___ OTHER _____

CHARGE CARD # _____ Exp. Day: ___ / ___

Security Code #: _____ Card Holder Signature: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Service:

PRIVATE: ___ SEMIPRIVATES: ___ GROUP LESSONS: ___ SMALL GROUP: ___ PRETEAM: ___ TEAM: ___ ADULT FITNESS: ___

NO REFUNDS

Thank you for allowing us to be part of your Aquatic Education.
PLEASE LET US KNOW HOW WE CAN SERVE YOU BETTER

If you have any questions or concerns, you can reach us at the following:
Office: (305) 271-9000 x.287 Email: swimgym@swimgym.net Web: www.swimgym.net