CREDIT/DEBIT CARD PAYMENT FORM
Childs name:
Group lesson/1 to 1/Adult & Child/Crash course 01946 817777
A. Please accept payment in FULL of
B. Please accept a deposit of (1 to 1 lessons only)
CARD DETAILS
Card no.
Expiry date
Card type (credit/debit) ( surcharge of 2% for credit cards)
House no Registered post code
Card holder's full name date
Signature
CREDIT/DEBIT CARD PAYMENT FORM  Childs name:  Group lesson/1 to 1/Adult & Child/crash course  01946 817777
C. Please accept payment in FULL of
D. Please accept a deposit of (1 to 1 lessons only)
CARD DETAILS
Card no. Start date Start date
Expiry date Security code Security code
Card type (credit/debit) ( surcharge of 2% for credit cards)
House no Registered post code
Card holder's full name date
Signature