Credit Card Authorization and Consent Form - FUNDRAISING

I, _____ hereby authorize Gelico Gymnastics to charge my credit card for Fundraising Fees should I not fill my obligations.

Child Name: _____ Childs Class: _____

Type of Card (Circle) Visa MasterCard

All fields are mandatory

Credit Card Number: _____ 3 digit Security Code: _____

Expiration Date: _____

Name of Cardholder: _____

Email Address: _____

Total amount to be charged:

Deposits – you may either provide post-dated cheques, or authorization below if you do not fulfill your fundraiser obligation:

- $100.00 Fall Fundraiser Commitment by Nov 1, 2026

By signing this, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honour and abide by the terms of payment. I acknowledge and accept Gelico Gymnastics Policies as agreed upon during online registration.

Authorized Signature of Cardholder: _____Date: _____

Office Use:

Transaction ID:_____ Admin Initials: _____