

**Grayslake Community Park District**

240 Commerce Drive

Grayslake, IL 60030

(847) 223-7529

[www.glpd.com](http://www.glpd.com)



**Automatic Dance Payment Form – 2024/2025 Season**

Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Participant Name	Dance Class Name	Day & Time	Total Due
			\$
			\$
			\$
			\$
			\$

**Parent Acknowledgement**

I am aware of the monthly payment plan for the 2024-2025 dance session is implemented by the Grayslake Park District. The actual monthly rate is dependent upon the dance class that I am registering for and is due on the first of every month. I agree and understand that a \$25 late fee will incur if payment is not received by the 10<sup>th</sup> day of that current month. Dismissal from the program will follow if payment is not received by the end of the month and no refund will be issued. **All payment plans MUST be paid in full by March 1, 2025.**

\_\_\_\_\_   
 Print Child's Name

\_\_\_\_\_   
 Parent/Guardian Signature & Date

*I authorize the Grayslake Park District to charge the following credit/debit card listed below to pay for my child's dance payment. I understand that my credit/debit card will be charged on or before the 10<sup>th</sup> of each month. If my credit/debit card is declined, I am aware that it is my responsibility to notify the Park District of my current card information.*

Circle One:                  Visa                                  MasterCard                                  Discover Card

Cardholder # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Cardholder Name \_\_\_\_\_      Amount of Charge \$ \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_