



Payment Contract

Payer's Name: _____

Billing Info Email: _____

Date: _____ **Centre(s):** _____

Membership Type

Occasional: \$20/month, \$20/hour, + snacks

Regular: \$60/month, \$15/hour, + snacks

Additional: \$20/month, + hours + snacks

Start Month: _____ **Monthly Price:** _____

Change Month: _____ **Monthly Price:** _____

Please bill the above amount to the credit card provided on the 25th of each month, for next month's membership.

Signature: _____ **Date:** _____

Payment Policies

We do not provide refunds for unused time.

Bounced payments subject to a \$30 admin fee.

Snack and Incidental invoices are payable from the dashboard, due on the 1st.

Membership Change Forms received by the 15th take effect at the end of the month.

Upon cancelation, outstanding invoices are billed to the credit card on file.

Membership ends the last day of the month.