

Student(s) Name:	

Omaha Blue Waves Martial Arts -

15117 Industrial Rd. Omaha, NE 68144 (402) 215-6017

Martial Arts Plans Worksheet

PLAN OPTIONS

BASIC MEMBERSHIP PROGRAM

BASIC - There are several different options for the basic membership program including a year option, a six-month option, and a 3 month option. This plan provides the simplest option for individuals who desire some flexibility. All plans auto-renew at the price that the member signs up. *Memberships must be cancelled, in writing, 30 days prior to their auto-renewal date. Members can always review basic plan details on-line the OBW School Rules page.

Initial/Check Selected Options:

[] BASIC TaeKwon-Do up to 2 days Per Week Per Person
	Basic (Entry) \$ PER MONTH
]] BASIC Hapkido up to 2 Days Per Week Per Person
	Basic (Entry) \$ PER MONTH
]] Family Plan (TKD or HKD-1 style per person)
	Basic (Entry) \$ PER MONTH

ADMISSION FEE: \$	
[] 3 MONTH PLAN*	
[] 6 MONTH PLAN*	
[] 12 MONTH PLAN*	

INCLUSIVE PLAN

INCLUSIVE PLAN - The inclusive plan is most popular with individuals who want a simple inclusive plan to pay one monthly fee per month with little or no extra out of pocket expenses for regular classes. It includes a student uniform, testing fees, USKF association membership, and so much more. Our mission is to help committed students achieve their long term class goals while learning positive skills that will impact the rest of their lives. All plans auto-renew at the price that the member signs up. *Memberships must be cancelled, in writing, 30 days prior to their auto-renewal date. Members can always review inclusive plan details on-line the OBW School Rules page.

Initial/Check Selected Options:

] INCLUSIVE TaeKwon-Do up to 2 days Per Week Per Person
Basic (Entry) \$ PER MONTH
] INCLUSIVE Hapkido up to 2 Days Per Week Per Person
Basic (Entry) \$ PER MONTH
] INCLUSIVE Family Plan (TKD or HKD-1 style per person)
Basic (Entry) \$ PER MONTH

ADMISSION FEE: \$
Includes: one free student uniform
per year, testing fees, one year
USKF membership, developmental
materials, and one set of sparring
equipment per year.
UP-FRONT PAYOFF PRICE:
\$
Savings:%



SIGNATURE _

Student(s) Name:	

DATE ____

	ecking/savings account or credit card. You will be charged the ge will appear on your bank statement as an "ACH Debit."
Please complete the information below	w:
I authorize (Print full name)	Omaha Blue Waves Martial Arts, Fitness, and Health to
charge my credit card/bank account indicated by my account for each month for pay	pelow or any other credit card/bank account on file on ment of on-going services.*
classes that I request to include, but no	FILE to be used for purchases of incidental items/ot limited to: uniforms, clothing, testing fees, sparring raining gear. Additionally, I authorize auto-renewal of o.
Billing Address	Phone#
City, State, Zip	Email
City, State, Zip	Email
City, State, Zip Checking/ Savings Account	Email Credit Card
Checking/ Savings Account	Credit Card
Checking / Savings Account Checking Savings	Credit Card [] Visa [] MasterCard
Checking Savings Account Checking Savings Name on Acct	Credit Card [] Visa [] MasterCard
Checking/ Savings Account Checking Savings Name on Acct Bank Name	Credit Card [] Visa
Checking/ Savings Account Checking Savings Name on Acct Bank Name Account Number	Credit Card [] Visa
Checking/ Savings Account Checking Savings Name on Acct Bank Name Account Number Bank Routing #	Credit Card [] Visa

I understand that this auto payment authorization to withdraw monies from my account(s) will remain in effect until the renewal date of my contract. I agree to notify Omaha Blue Waves in writing of any changes in my account information during the term of this auto payment contract. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand and agree to an additional \$10 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I understand my account will be charged a \$10 late fee for any charges that were not able to be collected by the 5th day of the month. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will ngt dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. I understand that Omaha Blue Waves Martial Arts Fitness and Health is is a registered DBA of Five Elements Massage, Martial Arts, and Oriental Health, LLC and as such billing statements may be reflected under the full legal company name or any part thereof. A full explanation of rules relating to the operation of the school and terms/benefits of this this auto payment contract can be found at: https://omahabluewaves.net/school-rules-dojang/ *I understand that costs for special classes may be a monthly fee and may be added or subtracted from my payment without the use of a new auto payment contract provided I provide appropriate written notices as outlined above.