



FOR OFFICE USE ONLY	
<input type="checkbox"/>	Picture
<input type="checkbox"/>	Waiver
Member #	_____
Key Tag #	_____

Membership Agreement

39319 Tommy Moore Rd., Gonzales, LA 70737
 www.lilbambinosplay.com - (225) 450-6292
 info@lilbambinosplay.com

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Number of Children on Membership _____

- \$35 + tax One Child \$65 + tax Two Children \$90 + tax Three or More Children

Payment will be prorated during the first month ONLY. The above dues will be charged on the 1st of each subsequent month. For memberships beginning with less than 20 days remaining in the month, the charges for the following month must be paid in advance. Current amount due: _____

Please list children's name and DOB:

Auto-Renewal – This membership will automatically renew at the rates stated above. Please note that membership rates are subject to increase. Members will be notified of any increase in writing.

Member Agrees – To abide by all the membership rules and regulations of Lil Bambinos Playtorium. Member agrees to sign a waiver of liability, hold harmless and Promise to Indemnity in further consideration of this membership agreement and without which the membership agreement would not have been entered.

Cancellation Rights – You may cancel the membership agreement at any time by notification in writing, via certified or registered mail, or by hand-delivery. Each membership will remain active through the last day of the month in which the membership was canceled. No refunds will be issued for partial months.

Member/Guardian (Print Name): _____ **Signature:** _____ **Date:** _____

AUTHORIZATION AGREEMENT FOR RECURRING PAYMENTS

The undersigned hereby authorize(s) Lil Bambinos Playtorium, LLC to initiate debit entries, and corrections thereto, to my (our) Charge Card account indicated below for any and all charges under this membership agreement as they come due. The undersigned understand(s) and agree(s) that this authorization will continue in effect until written notification via certified mail or by hand-delivery cancelling this authorization is received by Lil Bambinos Playtorium, LLC.

CREDIT CARD ACCOUNT # (Last 4 Digits): _____ **EXP DATE:** _____ **CODE:** _____

BILLING ADDRESS (if different than member information) _____

NAME: _____ **SIGNATURE:** _____ **DATE:** _____