

A.I.M. (Athletes Increasing Mindfulness) To Achieve YOUR Best!



Athlete Registration Form:

Athlete Name: _____ **DOB:** _____

Parent/Guardian (if applicable): _____

Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

Phone (H): _____ **(C)** _____

E-Mail: _____

Sport(s) Played: _____

Preferred Session: () Thursdays 6pm-7pm () Saturdays 10am-11am

*******Registration not finalized until payment is received*******

**Payments can be mailed to: Augustine Counseling LLC 2030 Straits Turnpike Suite 3, Middlebury, CT 06762
(Discounts offered for multiple family members)**

3 Session Program; \$50 x 3= \$150

() Check # _____

() Cash

() Credit Card

Cardholder Name (as shown on card): _____

Card #: _____

Expiration Date: _____ **CVV:** _____

I, _____, authorize Augustine Counseling LLC to charge my credit card above for agreed upon charges. I understand that my information will be saved to file for future transactions on my account. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Augustine Counseling LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. 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. I acknowledge that the origination of Credit Card 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 and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Cardholder Signature

Date

