BBC - Training Program

SIBLING CREDIT REBATE FORM

Please fill out the information below. If you have any questions about completing this form, please contact training@bellevuebadminton.com. NOTE: The Sibling Credit Rebate Form's deadline is the last day of the current session, and is only for siblings enrolled in **full sessions**. Once the current session is completed, we will not be able to give you the sibling credit rebate.

Parent Information

Please Print or Type

1 Parent's Full Name On CourtReserve

7 Email

2 Billing Address

3 Apt (Optional)

8 Phone Number

4 City

5 State

6 Zip

Sibling #1

9 Family Member's Full Name On CourtReserve

10 Date Of Birth

11 Age

12 Class Name

13 Session

14 Total Amount

Sibling #2

15 Family Member's Full Name On CourtReserve

16 Date Of Birth

17 Age

18 Class Name

19 Session

20 Total Amount

Sibling #3 (If applicable)

21 Family Member's Full Name On CourtReserve

22 Date Of Birth

23 Age

24 Class Name

25 Session

26 Total Amount

Sibling Credit

27 Lowest Total Amount From Box 14, 20, & 26

28 Second Lowest Total Amount From Box 14, 20, & 26 (If Applicable)

Box 27: Enter if 2 children enrolled.

Box 28: Enter ONLY if 3 children are enrolled

29 Multiply 10% from Box 27

\+

30 Multiply 10% from Box 28

=

31 Sibling Credit Amount Requested

By signing this form, I attest that the information provided is accurate and complete.

32 Print Full Name

33 Signature

34 Date (mm/dd/yy)

2 Children Enrolled: 1 sibling gets the credit
3 Children Enrolled: 2 siblings get the credit