



Name: _____

Date of Birth: _____ JCC Membership Number: _____

Email: _____ Phone: _____

Name of Gift Recipient: _____



5 one-hour sessions for ~~\$395~~ \$316 (save \$79!)
 _____ # for self _____ # as gift for member

10 one-hour sessions for ~~\$760~~ \$608 (save \$152!)
 _____ # for self _____ # as gift for member

_____ **Total amount owed**

How did you hear about this offer?

Email _____ JCC Staff

Social Media _____

JCC Website _____ Other

Flyer/poster _____

Instructor requested

I am a new client

Help me find an Instructor

I wish to use the following method of payment:

Check made payable to Kaplen JCC on the Palisades VISA MC AMEX Charge Card on File

CC Number: _____ Exp date : _____ CCV: _____

Name on card: _____ Signature: _____

Billing Address: _____ City, State, Zip : _____

I authorize the Kaplen JCC on the Palisades to charge the credit card indicated on this form. This is a one-time authorization that will be charged on or after 11.26.21 for the purchase of Pilates sessions for the total amount indicated above.