



Aviate Individual Membership

Name: _____

Email: _____

Home/Cell Phone: _____

Additional Phone: _____

Membership Name	DOB	Male/Female	Cost
			\$30/month
			\$30/month

- Photos will be taken upon first jump to associate with your family membership.
- Any child 2 and under is free with an adult (18 or older) jumper.
- Any child under the age of 6 must be have a parent/guardian present in Aviate trampoline park.
- Any child 12 and under must have a parent/guardian in the Wichita Sports Forum building.
- On holidays, or when the park is at or near capacity, only one hour jumps will be granted at a time.

Membership start date (month/day/year): _____

- My monthly draft will be \$_____ on _____ day of each month from my **Checking** or **Savings** account.
- Bankdraft payment plan is a **CONTINUOUS MEMBERSHIP**, and it will continue unless the Wichita Sports Forum is **NOTIFIED IN WRITING 30 DAYS PRIOR TO NEXT CHARGE**. Please send a letter or email info@wichitasportsforum.com to cancel a membership.

Member Initials: _____

- If your payment date lands on a Saturday, Sunday or federal holiday, the payment will be charged the following business day. Months without dates of the 29th, 30th or 31st will be ran on the 1st of the following month.
- I will notify the Wichita Sports Forum of any change to my bank, account or contact information 10 days before draft occurs.
- Membership rates are subject to change; you will be notified in writing prior to any adjustments.
- I understand that, should any transfer not be accepted for any reason, I am responsible for that payment, PLUS any service fee assessed by the Wichita Sports Forum. This is in addition to any service fees assessed by my bank. I also understand that I/my family will be denied membership access to the facility until the balance due is paid.
- A voided check or bank ACH to this form must be attached. (2 month minimum required)

I understand the terms of the family membership and to my knowledge all information presented on this form is accurate.

Purchaser Name: _____

Date: _____

Authorized Bank Account Signature: _____

For internal use only | Form completed by: _____ Date: _____