

ACTIVITY NAME: Pickleball Punch Card

ACTIVITY ID#: 5668

Rec Office: 1515 S. 7<sup>th</sup> Street, Ann Arbor, MI 48103

Phone: 734-994-2300

**ANN ARBOR COMMUNITY EDUCATION AND RECREATION  
PICKLEBALL PUNCH CARD ORDER FORM**

**COST: \$40 per card (good for 10 drop-in visits).**

**PUNCH CARD WILL BE MAILED TO THE ADDRESS PROVIDED BELOW,  
UNLESS OTHER ARRANGEMENTS ARE MADE**

**Purchased by:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (CELL) \_\_\_\_\_ GENDER: M F

E-MAIL: \_\_\_\_\_ DATE OF BIRTH: (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) \_\_\_\_\_

How many punch cards are you buying right now?? \_\_\_\_\_

**METHOD OF PAYMENT:** CASH \_\_\_\_\_ CHECK: \_\_\_\_\_ (make check out to AAPS); CREDIT CARD: \_\_\_\_\_

Credit on Account: \_\_\_\_\_ (amount on my account is: \$ \_\_\_\_\_) Scholarship or BOA Credit: \_\_\_\_\_

**PLEASE COMPLETE IF PAYING BY CREDIT CARD:**

Name \_\_\_\_\_

Print the name exactly as it appears on the credit card

VISA       MASTERCARD       AMERICAN EXPRESS      Amount charged \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature (required) \_\_\_\_\_

I agree to pay above total amount according to the card issuers agreement and the Community Education and Recreation Refund/Credit policy listed in the organizational notes.