



Bujinkan Taka Seigi Dojo South Africa



PAYMENT AGREEMENT

I hereby agree to pay Jason Roberts Shihan Shidoshi, Trading as Bujinkan Taka Seigi Dojo South Africa the below signed dues by the 1ST day of each month, for 12 consecutive months, commencing _____ & expiring _____.			
<i>Please <u>Sign</u> next to the correct and appropriate package of your choice</i>			
Payment Package.	Total amount over 12 months.	12 Consecutive monthly payments.	Clients Choice by Signature.
Tiny Tots (3-12yrs)	R 1200.00 (30min class)	R100.00 pm	
Scholars	R 3000.00 (45min class)	R250.00 pm	
Adults	R 4200.00 (60min class)	R350.00 pm	

Full Name & Surname: _____

Identity Number: _____

Contact Numbers: (1) _____ (2) _____

E-Mail Address: _____

Physical Address: _____

Signature: _____ Date: _____

info@bujinkan-budo.com

武神館

www.bujinkan-budo.com