



# Bellevue Badminton Club - Training Program

# SIBLING CREDIT FORM

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

<b>Parent Information</b>	Please Print or Type					
	1 _____				7 _____	
	Parent's Full Name On CourtReserve				Email	
	2 _____		3 _____		8 _____	
Billing Address		Apt (Optional)		Phone Number		
4 _____		5 _____		6 _____		
City		State		Zip		
<b>Sibling #1</b>	9 _____		10 _____		11 _____	
	Family Member's Full Name On CourtReserve		Date Of Birth		Age	
	12 _____		13 _____		14 _____	
	Class Name		Session		Total Amount	
<b>Sibling #2</b>	15 _____		16 _____		17 _____	
	Family Member's Full Name On CourtReserve		Date Of Birth		Age	
	18 _____		19 _____		20 _____	
	Class Name		Session		Total Amount	
<b>Sibling #3 (if applicable)</b>	21 _____		22 _____		23 _____	
	Family Member's Full Name On CourtReserve		Date Of Birth		Age	
	24 _____		25 _____		26 _____	
	Class Name		Session		Total Amount	
<b>Sibling Credit</b>	27 _____		28 _____		Box 27: Enter if 2 children enrolled. Box 28: Enter if 3 children enrolled	
	Lowest Total Amount From Box 14, 20, & 26		Second Lowest Total Amount From Box 14, 20, & 26 (If Applicable)			
	29 _____		30 _____		31 _____	
	Multiply 10% from Box 27		Multiply 10% from Box 28		Sibling Credit Amount Requested	
By signing this form, I attest that the information provided is accurate and complete.						
32 _____						
Print Full Name						
33 _____		34 _____				
Signature		Date (dd/mm/yy)				