



BBC - Training Program

SIBLING CREDIT REBATE FORM

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

Parent Information	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		
Sibling #1	9 _____			10 _____		11 _____
	Family Member's Full Name On CourtReserve			Date Of Birth		Age
	12 _____		13 _____		14 _____	
	Class Name		Session		Total Amount	
Sibling #2	15 _____			16 _____		17 _____
	Family Member's Full Name On CourtReserve			Date Of Birth		Age
	18 _____		19 _____		20 _____	
	Class Name		Session		Total Amount	
Sibling #3 (if applicable)	21 _____			22 _____		23 _____
	Family Member's Full Name On CourtReserve			Date Of Birth		Age
	24 _____		25 _____		26 _____	
	Class Name		Session		Total Amount	
Sibling Credit	27 _____		28 _____		Box 27: Enter if 2 children enrolled. Box 28: Enter ONLY if 3 children are 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 _____			34 _____			
Print Full Name			Date (mm/dd/yy)			
33 _____						
Signature						