



The Albany Council  
of the  
Traditional Karate-Do Organization, Inc.  
www.actko.com

Joseph A. Sorce  
Chief Executive Officer

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## Billing Information Form

Today's Date: \_\_\_\_\_

Please fill in the following billing information as soon as possible and return it to the address below, front desk at the dojo or a Board Member.

**Please Mark the Program(s) your athlete(s) is/are in:**

Youth Classes

Adult Classes

Dojo Weekly + Saturday

After-School + Saturday

Community Center + Saturday

Dojo Weekly only

Dojo Saturday Only

**Student(s) Name(s):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Parent / Gaurdian Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email (print neatly): \_\_\_\_\_

Billing Address (print neatly):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

With the new system we will be able to email your invoice to you. If you want your invoice emailed, please check the Yes box.  Yes – Email

Sincerely,  
AC-TKO Board of Directors

\*A valid e-mail address is recommended so that we can provide you with confirmation of your request. Please note that your e-mail address will only be used by ACTKO to send you communications and billing invoices if indicated. ACTKO does not sell or rent any personal information.

P.O. Box 2365, Albany, New York 12220, Email: [actko@nycap.rr.com](mailto:actko@nycap.rr.com)