

SUMMER CAMP PAYMENT PLAN

(For campers enrolling in more than two weeks of camp. One form per camper)

Camper's full name: _____

I hereby authorize the use of my:

MasterCard Visa

CREDIT CARD # _____

Expiration date: Month/Year: _____

Print your name as it appears on card

Signature (forms will not be process without a signature)

A VALID Credit Card Number is MANDATORY for weekly payment plans. If your credit card charges are declined, you will be removed from the payment plan for the remaining weeks of camp.

Please check ONE of the following options:

(If no option is selected, your credit card will automatically be charged weekly.)

1. Charge my account on a weekly basis. First two weeks of camp per child is payable now.
2. I prefer to make weekly payments by the due date indicated on my payment plan. The first two weeks of camp per child payable now. I may pay by cash, check or credit card. **If my payment is not received by 5:00 p.m. on the due date stated, I understand that my credit card account will be charged for that week of camp.**