

CREDIT CARD PAYMENT AUTHORIZATION

This form is only required if you are making payments by credit card. (50% down, 25% down with 4 payments or weekly payments)

Child's Name: _____

Payment Selection: _____ Weekly (charged the Monday prior to camp session start date)

_____ 25% (charged at registration, June 1st, July 1st, August 1st)

_____ 50% (charged July 1st)

Cardholder Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Please charge my: _____



Amount to be charged: \$ _____

Credit Card Number: _____

CVS Number(3 digit number on back of card) _____

Expiration Date _____

Cardholder's Signature: _____

Date: _____