



Camp 2019 Credit Card Authorization Form

This form must be signed and returned. I hereby authorize Park Shore Country Day Camp to charge my

Visa
 Mastercard
 American Express
 Discover

Name on the Credit Card _____
 (exactly as it appears on the card)

Credit Card Number _____

CCV/Chip # (3 or 4 digit code) _____ Expiration Date _____

Billing address for card:

Street _____

City _____ State _____ Zip Code _____

 Cardholder's Signature

 Date

Cardholder's email for confirmation _____

Camper's Name(s) _____

Please check here if you would like us to charge your card in accordance with the payment schedule below:

Date to be charged:	Amount to be charged
Date of enrollment	\$500 per child
February 18, 2019	\$1,500 per child
April 18, 2019	Balance due

Please check here if you would like us to charge your card monthly. Eight (8) monthly payments balance to be paid by April 19, 2019

Date to be charged:	Amount to be charged:
Date of enrollment	\$500 per child
8 equal Payments starting September 18, 2018 ending April 18, 2019	

Please check here if you would like us to charge your card in accordance with the payment schedule below:

Date to be charged:	Amount to be charged:
Date of enrollment	\$500 per child
October 18, 2018	25% of camp balance
December 18, 2018	25% of camp balance
February 18, 2019	25% of camp balance
April 18, 2019	Balance due

Please check here if you would like us to charge your card in accordance with the payment schedule below:

Date to be charged:	Amount to be charged:
Date of enrollment	\$500 per child
April 18, 2019	Balance due