Camp 2020 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 _____

_____ _____

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 17,2020	$1,500 per child
April 17,2020	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 17, 2020

Date to be charged:	**Amount to be charged:**
Date of enrollment	$500 per child
8 equal Payments starting September 17, 2019 ending April 17, 2020	

☐ 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 17, 2019	25% of camp balance
December 17, 2019	25% of camp balance
February 17, 2020	25% of camp balance
April 17, 2020	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 17, 2020	Balance due

Phone: (631) 499-8580 Fax: (631) 499-6917 450 Deer Park Road, Dix Hills, NY 11746 www.parkshoredaycamp.com