CAMPUS Kids Summer Camps Minisink

Sent From:

Name: _____

Phone: _____

Fax: _____

Sent To: Campus Kids Minisink

Fax: 203-743-6973

Date: _____

Credit Card Payment Authorization

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number: _____
Please double check the number

Exp. Date: ___ ___ (*month year*) 3 or 4 Digit Security Code: _____

Cardholder's Name: _____

Billing Address: _____
Street or PO Box City State Zip Code

Name of camper(s): _____

Amount to be charged <u>at this time</u>: $_____

This charge is for the summer of ___ 2012 ___ other (specify: _____)

Optional: other amounts authorized to be charged per the following schedule:

$_____ _____ $_____ _____ $_____ _____
amount date amount date amount date

I authorize CKMinisink Summer Camp, Inc. (Campus Kids Minisink) to charge my credit card as listed above for the amount(s) shown.

Signature: _____ Date:_____

This (these) payment(s) is(are) made in accordance with the terms of the Camper Enrollment Contract, which specifies if and when refunds are allowable. There are no refunds after April 1st. The Enrollment Contract has other important dates.

Campus Kids Minisink PO Box 224 Bethel, CT 06801
Phone: 888-621-2267 Fax: 203-743-6973
www.campuskids.com ~ CKMinisink@campuskids.com