



## Campus Kids-New Jersey

P.O. Box 8

Madison, NJ 07940

973-845-9260

FAX: 973-845-9262

Email: CKNewJersey@campuskids.com

**FROM:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**TO:**

Campus Kids-NJ

Fax: 973-845-9262 (goes to the director's desk)

Date: \_\_\_\_\_

### Credit Card Payment Authorization

Card Type:  Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_  
                    month     year

3 or 4-Digit Security Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
                                    Street or P.O. Box                                      City                                      State     Zip

Name of camper(s): \_\_\_\_\_

Amount to be charged AT THIS TIME: \$ \_\_\_\_\_

This charge is for the summer of: \_\_\_\_\_ 2017            \_\_\_\_\_ other ( \_\_\_\_\_ )

Optional additional amount(s) authorized for later date(s).

(Please note that we will not retain this information unless you have clearly authorized additional payments.)

\$ \_\_\_\_\_  
                    date

\$ \_\_\_\_\_  
                    date

\$ \_\_\_\_\_  
                    date

\$ \_\_\_\_\_  
                    date

\$ \_\_\_\_\_  
                    date

\$ \_\_\_\_\_  
                    date

I authorize CK Summer Camps, Inc. (Campus Kids-NJ) to charge my credit card as listed above for the amount(s) indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A receipt will be sent for each payment. This payment is made in accordance with the terms of the Camper Enrollment Contract, which specifies if and when refunds are allowable. Please note that for any camp season, there are no refunds after April 1st. The Enrollment Contract has other important details that you should read before submitting this payment authorization. Please contact us if you have questions.