Campus Kids-New Jersey
P.O. Box 8
Madison, NJ 07940
973-845-9260 FAX: 973-845-9262

FROM:	**TO:**
Name: _____	Campus Kids-NJ
Phone:_____	Fax: 973-845-9262 (goes to the director's desk)
Fax: _____	**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: _____2011 _____other (_____)

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

$_____ _____ *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: _____

This payment is made in accordance with the term 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.