Campus Kids Summer Camp

P.O. Box 8
Madison, NJ 07940
973-845-9260 FAX: 973-845-9262
Email: CampOffice@campuskids.com

FROM:	**TO:**
Name: _____	Campus Kids Summer Camp
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: ____ ____ 3 or 4-Digit Security Code: *(We will call if we need this.)*
month *year*

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: _____2019 _____other (_____)

Optional. "I pre-authorize the following additional payment(s) for later date(s)."
(Note: We will not retain your credit card information unless you have clearly authorized additional payments.)

$_____ _____ $_____ _____ $_____ _____
date *date* *date*

$_____ _____ $_____ _____ $_____ _____
date *date* *date*

I authorize CK Summer Camps, Inc. (Campus Kids Summer Camp) 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.