



# Campus Kids Summer Camp

P.O. Box 8

Madison, NJ 07940

973-845-9260

FAX: 973-845-9262

Email: [CampOffice@campuskids.com](mailto:CampOffice@campuskids.com)

<b><u>FROM:</u></b>	<b><u>TO:</u></b>
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: \_\_\_\_\_  
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: \_\_\_\_\_ 2018          \_\_\_\_\_ 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 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.