

Channahon Park District Heritage and Teen Camp 2008

Confidential weekly payment plan authorization electronic funds transfer
(EFT)

Name: _____
(Please print, last name first)

Address: _____

Day Phone#: _____ Alternative Phone#: _____

I desire the convenience of weekly camp fees with my child/children's nine week day camp registration. I request that my camp registration fee(s) be charged directly to my charge account. I understand that I will not receive a receipt for my payment each week and that the charge will appear on my charge card statement weekly. I understand that this authority is to remain in effect for a minimum of nine consecutive weeks. I understand that I am allowed to remove my child/children from camp for one vacation week, being five consecutive days, with no charge to my account. I understand that if I choose not to take my child/children out of camp for one vacation week, that I will be charged the full day camp fee(s).

Please charge my day camp registration fee(s) to the following charge account:

MasterCard Account#: _____ Exp Date: _____

Visa Card Account#: _____ Exp Date: _____

My child/children _____ will be on
vacation the week of _____.

Signature: _____

Date: _____