CAMP SHALOM CREDIT CARD AUTHORIZATION FORM

Family Name:_____

Camp Fees Summary

Total Fees from Worksheet: $_____ (an estimate until verified by camp office)

Total Deposit Amount: $_____ (to be charged upon receipt of enrollment form)
(all children, all sessions)

Session I Balance Due – Charge date June 14, 2010 (amount to be calculated by office)

Session II Balance Due – Charge date July 12, 2010 (amount to be calculated by office)

Credit Card Information

Name on Card: _____

Card Type (circle one): VISA Mastercard AMEX Discover

Card Number: _____ Exp. Date: _____

My signature below verifies that I am an authorized signer on the credit card specified above and that I authorize Camp Shalom (Yeshiva of Greater Washington) to charge my credit card with the appropriate charges and on the appropriate dates as indicated above with finalized amounts to be verified on the forthcoming invoice.

Print Name: _____

Signature: _____ Date: _____