



## Payment Authorization Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Member's balance will be charged by end of day, first day of camp.

### 1. Member Balance

Last Name: \_\_\_\_\_ OR Member #: \_\_\_\_\_

Camp Option: \_\_\_\_\_ Price: \_\_\_\_\_

### 2. Credit Card

Camp Option: \_\_\_\_\_ Price: \_\_\_\_\_

### 3. Cash

Camp Option: \_\_\_\_\_ Price: \_\_\_\_\_

Signature: \_\_\_\_\_