



KIDZ KORNER SUMMER CAMP 2017
CREDIT CARD AUTHORIZATION FORM
(One form per child)

Child's Name: _____

Name on Card: _____

Account #: _____

(We accept all major credit cards)

Expiration Date: _____ Code: _____

Email Address: _____

Contact Name: _____ Phone: _____

(Who to call if a problem arises with the card)

SUMMER CAMP RATES

The summer camp runs for nine weeks, Monday – Friday.

Table with 5 columns: 5 days/week (\$185/\$37/day), 4 days/week (\$152/\$38/day), 3 days/week (\$117/\$39/day), 2 days/week (\$80/\$40/day), Drop-in (\$48)

Table with 3 columns: Week Attending, Date Payment will be charged, Amount to be charged. Includes weeks #1-9 and a red 'Closed July 3rd thru July 7th' notice.

There is a one time Enrollment Fee of \$25.00 to be paid prior to your child's registration

I authorize the Clear Creek Recreation Center to charge the above credit card a \$25.00 Enrollment Fee and the Thursdays prior to the week(s) I have selected above in order to register my child for the Summer Camp Program. I understand that if for any reason my credit card is declined that my child will not be registered until payment has been received in full.

Signature _____

Date _____

RETURN