

Front Desk Payment Information – Summer Camp 2010

Child's Name: _____

Weeks Attending: WK 1 ___ WK2 ___ WK 3 ___ WK 4 ___ WK 5 ___
WK 6 ___ WK 7 ___ WK 8 ___ WK 9 ___ WK 10 ___

Mother Information:

Full Name: _____

Address: _____ city / state / zip _____

Home phone: _____ cell phone: _____

Father Information:

Full Name: _____

Address: _____ city / state / zip _____

Home phone: _____ cell phone: _____

For automatic payment from your Visa or MasterCard, please provide the information below.

I, _____, authorize the YWCA of Niagara to charge my VISA / MasterCard account automatically each **WEEK** during the Summer Day Camp program.

Amount: _____

Account No.: _____

Expiration Date: _____

Signature: _____

OR

If you would like automatic payment directly from you checking or savings account, please complete a consumer debit authorization form.

Week	Payment	<u>Receipt#</u>	Date	Week	Payment	<u>Receipt#</u>	Date
Week 1	_____	_____	_____	Week 6	_____	_____	_____
Week 2	_____	_____	_____	Week 7	_____	_____	_____
Week 3	_____	_____	_____	Week 8	_____	_____	_____
Week 4	_____	_____	_____	Week 9	_____	_____	_____
Week 5	_____	_____	_____	Week 10	_____	_____	_____

To be completed by YWCA Staff:

\$ _____ Annual Membership	YWCA Membership expiration date _____
\$ _____ Week 10 Payment	Weeks attending: _____
\$ _____ Total Due at Registration	Receipt number: _____
\$ _____ Date of Registration	Initials: _____