

YMCA Summer Camp Payment Agreement – 2019

Today's Date _____

_____ Please check if this is revised information from an original form already submitted for summer 2019.

*This agreement is for Weeks 1-10 of YMCA Summer Camp at Downtown, West Mar, New Spire Arts and Green Valley YMCA.

*Payments are drafted from your account on the dates noted below using the credit card given at the time of registration.

*It is your responsibility to ensure that credit is available. Failure to complete the charge may result in the suspension of camp(s) for your child.

*After the third declined payment, you will be removed from the draft option and outstanding balances must be paid in full or your child will be removed from camp(s).

*** Please note: A \$25.00 per week fee will be retained for any disenroll/partial-refund requests**

Child Name _____ Date of Birth _____

Parent Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone: (Best way to reach you) _____

Email Address: _____

Please "X" the weeks for which you authorize balances to be drafted to the credit card scanned at the time of registration for the camp.

- | | | |
|----------------------------------|------------------------|-----------------------|
| <input type="checkbox"/> Week 1 | June 24-28, 2019 | Draft date: 6/7/2019 |
| <input type="checkbox"/> Week 2 | July 1-5, 2019 | Draft date: 6/14/2019 |
| <input type="checkbox"/> Week 3 | July 8-12, 2019 | Draft date: 6/21/2019 |
| <input type="checkbox"/> Week 4 | July 15-19, 2019 | Draft date: 6/28/2019 |
| <input type="checkbox"/> Week 5 | July 22-26, 2019 | Draft date: 7/5/2019 |
| <input type="checkbox"/> Week 6 | July 29-August 2, 2019 | Draft date: 7/12/2019 |
| <input type="checkbox"/> Week 7 | August 5-9, 2019 | Draft date: 7/19/2019 |
| <input type="checkbox"/> Week 8 | August 12-16, 2019 | Draft date: 7/26/2019 |
| <input type="checkbox"/> Week 9 | August 19-23, 2019 | Draft date: 8/2/2019 |
| <input type="checkbox"/> Week 10 | August 26-30, 2019 | Draft date: 8/9/2019 |

Payment will be charged as follows:

Credit Card: MC Visa Discover AMEX Flex Spending Card

Credit Card: (Last 4 digits): _____

Expiration Date (must be after September 2019): _____

Card Owner Signature: _____

For any credit card changes please contact:

Wendy Cline – wcline@frederickymca.org or 301-663-5131 ext. 1276

Wendy McLean – wmclean@frederickymca.org or 301-663-5131 ext. 1263