

Temple Tots 2010 Summer Camp Billing Form

Name of child(ren) _____

Parent(s) Name

Registration Fee(s) _____

June 1st _____

July 1st _____

_____ Use my credit card or check on file

_____ I will pay monthly by check

X _____

Parent Signature

Credit card on file or fill in below

Automatic Funds Transfer Payments (check on file)

Credit Card Payments

If not on file fill in the below

Mastercard

Visa

American Express

Discover

Card Name (exactly as it appears on the card)

Card Billing Address

Responsible Party for Payment

Change Date As _____