

# Temple Tots Summer Camp Billing 2010

---

Name of child(ren) \_\_\_\_\_

Parent Name \_\_\_\_\_

Registration fee(s) \_\_\_\_\_

June 1<sup>st</sup> \_\_\_\_\_

July 1<sup>st</sup> \_\_\_\_\_ You may combine July and August payment

August 1<sup>st</sup> \_\_\_\_\_

\_\_\_\_\_ Use my credit card or check on file

\_\_\_\_\_ I will pay monthly by check

---

Parent's 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 below.**

I authorize Temple Emanu-El to charge my credit card  MasterCard  Visa

American Express  Discover Card

Name (exactly as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible party for payment: \_\_\_\_\_

**Change Date As Of:** \_\_\_\_\_