

Camp Wauconda- Automatic Charge Form 2017

The Park District offers an automatic credit card payment option for weekly Camp fees. Your credit card will be billed automatically on the Friday, 10 days prior to the start of each week.

Child's Name _____ 2nd Child _____ 3rd Child _____

Payer's Full Name _____

➤ If the amount is not the same each week, please write each week's amount in the area below.

<u>Week #:</u>	<u>Amount 1st child</u>	<u>Amount 2nd child</u>	<u>Amount 3rd child</u>	<u>TOTAL</u>	<u>DUE ON</u>
#1: 6/5 – 6/9	\$ _____	\$ _____	\$ _____	\$ _____	<u>5/26</u>
#2: 6/12 – 6/16	\$ _____	\$ _____	\$ _____	\$ _____	<u>6/2</u>
#3: 6/19 – 6/23	\$ _____	\$ _____	\$ _____	\$ _____	<u>6/9</u>
#4: 6/26 – 6/30	\$ _____	\$ _____	\$ _____	\$ _____	<u>6/16</u>
#5: *7/3 – 7/7 (NC 7/4)	\$ _____	\$ _____	\$ _____	\$ _____	<u>6/23</u>
#6: 7/10 – 7/14	\$ _____	\$ _____	\$ _____	\$ _____	<u>6/30</u>
#7: 7/17 – 7/21	\$ _____	\$ _____	\$ _____	\$ _____	<u>7/7</u>
#8: 7/24 – 7/28	\$ _____	\$ _____	\$ _____	\$ _____	<u>7/14</u>
#9: 7/31 – 8/4	\$ _____	\$ _____	\$ _____	\$ _____	<u>7/21</u>
#10: 8/7 – 8/11	\$ _____	\$ _____	\$ _____	\$ _____	<u>7/28</u>

• AMOUNT CHARGED WILL BE THE REMAINING BALANCE FOR EACH WEEK. \$10 Deposit for each week due at Registration.

Credit Card Information

Visa _____ MC _____ Discover _____ AmEx _____
 Credit Card Number _____ - _____ - _____ Expiration Date: _____

Cardholders Name **(Please Print)** _____
 Billing Address _____ Zip _____

I authorize the Wauconda Park District to charge my credit card for participation in the Camp Wauconda program, for the amount written, and on the dates listed.

Resident Fee / Non-Resident Fee

Full Time:	\$96 / \$106	*\$80/\$90	M-W-F: \$65 / \$70	T-Th: \$45 / \$50	*\$20/\$25
<i>Early Bird:</i>	\$32	*\$25	<i>E.B.</i> \$20	<i>E.B.</i> \$16	*8
<i>Stay & Play:</i>	\$25	*\$20	<i>S.P.</i> \$16	<i>S.P.</i> \$12	*6

*Week 5 Rate

Signature: _____ **Date:** _____