

Day Camp In The Park

6 Kendall Drive New City, New York 10956

Phone 845 638-2515 e mail address dcitp1979@gmail.com

Sent From: _____
Name: _____
Phone: _____
E mail address: _____

Sent To: <u>Ken Glotzer</u>
Company: <u>Day Camp In The Park</u>
E mail address: <u>dcitp1979@gmail.com</u>
Date: _____

Credit Card Authorization Form

Please complete and sign this form and mail or e mail (dcitp1979@gmail.com) with your enrollment form if you would like to charge your deposit or other payment to your credit card. Please note: your **address** and **authorization code** are required to complete your transaction.

Card Type: Visa MasterCard Discover American Express

Card Number:

Expiration Date: Month: Year:

Visa, MasterCard and Discover Three-digit Authorization Code:

(last 3 digits in the signature box on the back of your card)

American Express Four-digit Authorization Code (found on the front of your card):

Cardholder's Name:

Billing Address:

.....
Amount to be charged: \$

Camper Name(s)

.....

I authorize Day Camp In The Park to charge my credit card as listed above for the amount shown.

SignatureDate