



School's Out

PROVIDED BY CAMP OCKANICKON

CREDIT CARD CHARGE FORM (Check spelling for accuracy)

First Name

Last Name

Name: 1) _____
2) _____
3) _____
4) _____

Home Address: _____

School: _____ Home Phone: _____

Purpose of Payment: _____

Payment Amount: \$_____ Credit Card Type: Amex Discover
 MC Visa

Card # _____ Expiration Date: _____

Name on Card: _____

Billing Address (If different): _____

Date: _____ Taken By: _____

NOTE: If you would like us to **automatically bill** your payment to this credit card, please Check and sign below.

- Please bill my **tuition** to this credit card **each month** for the duration of the 2007/2008 school year.
- Please use this credit card # for billing **extra services** as needed during the school year (i.e. drop-in coupons, late pick-up, St. Mary's Half Days, etc.)

Cardholder's Signature: _____ Date: _____

Please be advised that no monthly statements will be mailed. If you would like a statement each month, please call the Camp's Main Office.