



CAMP PRE-AUTHORIZED CREDIT CARD ENROLLMENT FORM

Please fill in and return to YWCA St. Thomas-Elgin (for verification purposes)

We/I,

(Your Name- First and Last)

Camper(s)

(First and Last Name(s))

Address

City _____ Province _____ Postal Code _____

Email: _____ Phone # (_____) _____

Income tax receipt will be emailed to above stated email, unless otherwise specified.

HEREBY AUTHORIZE

YWCA St. Thomas-Elgin
16 Mary St. W.
St. Thomas, ON N5P 2S3

TO CHARGE MY CREDIT CARD

- VISA
- MASTERCARD

Card Number

Expiry Date (MM/YY)

For the purpose of Camp Fees the following will be charged to your credit card:

Week	Day(s) Attending	Child(ren)'s Name & Fee per child if applicable	Total Weekly Fee
Week 1	M T T* F		
Week 2	M T W* T F		
Week 3	M T W* T F		
Week 4	M T W* T F		
Week 5	M T W* T F		
Week 6	T W* T F		
Week 7	M T W* T F		
Week 8	M T W* T F		
Week 9	M T W T* F		

***Trip day**

Parent Signature _____

Date _____

*Automatic charges will take place on the **Friday prior to the week your child is enrolled in camp.** If you require camp enrollment mid-week; payment must be made upon registration by cash, cheque, credit card or debit to cover the cost of the current week.*

Authorized by YWCA staff: _____

Date _____