



SUMMER CAMP

PAYMENT AGREEMENT

CAMPER NAME

FIRST

LAST

PAYMENT INFORMATION

CARDHOLDER NAME

FIRST

LAST

BILLING ADDRESS

STREET ADDRESS

APT/SUITE

CITY

STATE

ZIP CODE

CARD INFORMATION

CARD NUMBER

EXPIRATION

SECURITY CODE

AUTHORIZATION FOR AUTOMATIC PAYMENT

I hereby understand and authorize Rockport Martial Arts & Fitness to deduct the full summer camp tuition payment from the above credit card on the second Wednesday prior to the first day of camp. I also understand that no refunds or credits will be given if I cancel my registration after I have been billed.

CARDHOLDER SIGNATURE

DATE

IN OFFICE USE ONLY: CAMP WEEKS ATTENDED

WEEK	ENROLLMENT PAID	FIELD TRIP PAID	NOTES
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			