

PAYMENT OF FEES

PENALTIES No refund is given for cancellations or changes in the last two weeks before session date. If you cancel at least two weeks before session date, you will receive a 50% refund. **Change of Weeks:** \$5 will be charged per camper for the first request. Any subsequent request will be a \$10 fee. **There is a \$25 charge for returned checks or for failed eChecks or Credit Card charges scheduled for payment plans.**

FEES: Camp Thurman Full Day (9AM to 4PM for ages 5-12) **\$215** [\$195 by Dec. 1st]
Uncle Bill's Kids Club (9:00AM-12:30 for 4- and 5-yr olds) **\$175** [\$160 by Dec. 1st]
Sunshine Days (9:00-1:15 for 4-yr olds only) **\$170** [\$155 by Dec. 1st]
Jr Hi Stampede Camp (6 to 10PM for finishing 7th/8th) **\$170** [\$155 by Dec. 1st]
ETC Camp (3:00 - 9:30 PM for finishing 6th) **\$200** [\$185 by Dec. 1st]
CT Breakout Overnight Camp (for finishing 7th/8th) **\$450** [\$400 by Dec. 1st]

PAYMENT: (Please indicate amounts for this camper only)

Number of Full-Day Weeks	_____	X	\$	=	\$ _____
Number of Sunshine-Day Weeks	_____	X	\$	=	\$ _____
Number of Uncle Bill's Kids Club	1	X	\$	=	\$ _____
Number of ETC Weeks	_____	X	\$	=	\$ _____
Number of Jr High Stampede Wks	1	X	\$	=	\$ _____
Number of CT Breakout Week	1	X	\$	=	\$ _____
 Processing Fee – per Week (\$5)	 _____	 X	 \$	 =	 \$ _____
Pre-Paid T-Shirts for Day Camp Only (\$15 each)	= \$ _____				
Circle One: Child Size S M L Adult Size S M L XL					
 Snack Shop Deposit for Day Camp Only (\$5 to \$15 per wk)	 = \$ _____				
Total Due	= \$ _____				

If you are registering more than one camper in your family, the following part of the form needs to be filled out for only one of the campers.

Debit/Credit Card Information

Fill in only if you want to pay with a debit/credit card.

Account (Parents' Name(s)): _____

Debit/Credit Card Number _____

Expiration Date _____ Amt to be charged: \$ _____

Billing Address for card (if different from home address):

Name on the Card _____

Signature _____

eCheck Information

Fill in only if you want to pay by eCheck.

Bank Routing Number _____

Bank Account Number _____

Check Signature _____

If you include a check with your form, and choose a payment plan, the remaining fees will be debited from your account through eCheck.

Scholarships:

If you would like to apply for a scholarship, please download the Scholarship Application Packet from our Forms page and read the information there. If you are interested, please fill in the application and attach it to your registration form. You will need to include a \$30 per child deposit with your form.

Fill in the following to use a payment plan

Payments may be made with debit/credit card or eCheck.

Payment Plan Option - Camp Thurman 2009

Name of Parent(s): _____

Address: _____

City/State/Zip: _____

Additional Multi-Pay Fees:

\$5 per week per camper for 3 Payment Plans

\$10 per week per camper for 4 Payment Plans

Payment Plan Choices:

The first payment will include part of the base fee, plus the processing fee and any optional purchases. After we have recorded this registration, we will send you an email with the date(s) and amount(s) of the remaining payments.

I would like to use the Two-Payment Plan

_____ I authorize CT to charge one half the base fee right away and one later payment.

I would like to use the Three-Payment Plan

_____ I authorize CT to charge one third of the base fee right away and two later payments.

I would like to use the Four-Payment Plan

_____ I authorize CT to charge one fourth of the base fee right away and three later payments.

Signed: _____

Date: _____