

CAMP PAYMENT FORM

Please place in a sealed envelope with camper's name and grade, and hand to the front desk.

Today's Date: _____ Payment for Week of: _____

Camper(s): _____ Grade(s): _____

Type of Payment: _____ Cash _____ Credit Card* _____ Check (Check #: _____)

Credit Card Number: _____ - _____ - _____ Exp. Date: _____ / _____

CVC: _____ Billing Zip Code: _____

Amount Paid: \$ _____

***If Paying by Credit Card:**

Please update the credit card on file to reflect this as the New Card on File: _____

OR One Time Use Only: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

*You may request a register receipt or statement at pick up or by emailing
lynne@xlsportsworld.com.*

Office:

----- DMS ----- DASH ----- Confirm Request ----- Entered