

2017 Summer Camp Payment Plan/Financial Assistance

Thank you for considering Trout Lake Camps for your child's summer camp experience. We offer payment plans to any families that would prefer to spread their payments out to make camp a reality for their children. We also offer a limited amount of financial assistance to families that are in need (see guidelines on back).

Payment plans and financial assistance cannot be completed or processed online. Please fill out both sides of this form and send it back to Trout Lake Camps, along with your child's summer camp registration form and a \$50 non-refundable deposit. Our registrar will process these on a first-come, first-served basis as quickly as possible. You will receive a confirmation e-mail indicating if your payment plan and/or financial assistance have been approved, along with the registration confirmation for your child's camp. We will not process any funds until a camper has been registered. If the camp is full, the registrar will contact you and your deposit will be returned.

Parent/Guardian Information	
Name(s)	
Address	
City/State/Zip	
Home Phone	
Cell Phone	
E-mail Address (We use e-mail to send out confirmations)	
Camper(s) Information	
1 st Camper Name	
Camp Week (1st Choice)(See registration form for dates and pricing)	Camp Fee(Do not include any extra option fees)
2 nd Camper Name	
Camp Week (1 st Choice)(See registration form for dates and pricing)	Camp Fee(Do not include any extra option fees)
3 rd Camper Name	
Camp Week (1st Choice)(See registration form for dates and pricing)	Camp Fee(Do not include any extra option fees)
4 th Camper Name	
Camp Week (1st Choice)	
(See registration form for dates and pricing)	(Do not include any extra option fees)
(Continue on back)	Camp Fee Total

Payment Plan I have enclosed th \$50.00 deposit per schedule below, lis understand that ea month and must be Payment Schedule Step 1. Only if appli total camp fee by to qualifies for. The re problems. Step 2. Subtract th your camp fee. Step 3. Divide the	we enclosed the registration form(s) and the minimum 00 deposit per camper. I have completed my payment edule below, listing how much I will pay each month. I erstand that each payment is due by the 15th of every th and must be paid in full by September 15, 2017. ment Schedule 1. Only if applying for financial assistance, reduce your I camp fee by the award percentage that your household lifies for. The registrar will contact you if there are any olems. Remaining Camp Fees \$		Financial Assistance I have enclosed the registration form(s) and the minimum \$50.00 deposit per camper. I understand that the percentage of scholarship given is determined by my total family size and annual gross income. I also understand that I cannot add in additional options (photos, DVDs, horsemanship, care packages, and spending money) until arrival at camp. My Total Family Size My Family's Annual Gross Income (Gross income is amount earned before taxes and deductions.) My Family can pay \$ towards the total camp fee. Total Family Size/ Annual Income Under 2/\$35,000 50% 2/\$50,000 30%	
		3/\$40,000	50%	
Step 4. Do not add in fees for DVDs, horsemanship, care packages, or spending money. With a payment plan you can sign up for these additional items when you arrive at camp.		3/\$55,000	30%	
		4/\$45,000	50%	
Month	Payment		4/\$60,000	30%
January			5/\$50,000	50%
February			5/\$65,000	25%
March			6 or more/\$55,000	50%
April			6 or more/\$70,000	25%
May			My Family Qualifies for	% (upon TLC office approval)
June				
July			Please explain the circumstan assistance:	ces that require financial
August				
September				
☐ I will be sending in a check/money order/cash for these payments. ☐ I am authorizing Trout Lake Camps to charge my credit card (listed to the right) on the 15 th of each month for the amount that is listed in the payment schedule above. I understand that I will not be charged for additional options and will need to purchase these when arriving at camp. I can cancel these automatic payments by calling the Trout Lake Camps office (218.543.4565) at least one week prior to my next scheduled payment.		Payment Plan Automatic Withdrawal Information MasterCard Visa Discover Account # Expiration Date/ Billing Address Name on Card Signature		
Signature of Parer	Signature of Parent or Guardian (required) Date			
By signing this, I am stating that I have a true financial hardship that would prevent my child(ren) from attending camp without a payment plan and/or financial assistance.				