



PAYMENT PLAN FORM

This is an agreement between _____ and Day Camp Sunshine.

Camper Name (s): _____

Total Camp Fee: \$ _____ Check _____ Credit Card _____

Please include Credit Card Information below (must be given for both Check and CC option):

Credit Card: _____ Visa _____ AmEx _____ Mastercard _____ Discover _____
Credit Card Number: _____ - _____ - _____ - _____
Expiration Date: _____ Security Code: _____
Name as it appears on card: _____

I will make the following payments by the October 1st deadline, according to dates specified below:

Date:	Payment Amount:	RCVD:	Date:	Payment Amount:	RCVD:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Credit Card Payments -I authorize Day Camp Sunshine to charge my card for the specified amount on the dates listed above. CC and Check Payments-If my balance is not paid in full by the last listed payment date, I authorize Day Camp Sunshine to charge the above card for the remaining balance amount. I am aware that failure to comply with the scheduled dates agreed upon above may result in a forfeiture of the Payment Plan option in the future.

Parent Signature: _____ Date: _____

Day Camp Sunshine, PO Box 204, 3575 Valley Rd, Liberty Corner, NJ 07938 (908)-647-1777 x2227