

2009 SPORT & WELLNESS CAMP PAYMENT PLAN

CAMPER'S NAME/NAMES: _____

1. Members/Non-Members WITHOUT Electronic Fund Transfers (EFTs) for dues:

I/We hereby give the privilege of making payments to Sport & Wellness, LLC, 190 Old Sylvan Lake Road, Hopewell Junction, NY 12533, under the Company's Preauthorized Payment Plan and hereby request the Company to draw items (checks, electronic funds transfers, or credit cards) for the purpose of paying said payments on the first of the month on the account of:

(A VOIDED BLANK CHECK OR CREDIT CARD IMPRINT MUST BE ATTACHED.)

(Name as shown on account)

VISA

MASTERCARD

DISCOVER

CARD #: _____ Exp Date: _____

BANK NAME: _____

ROUTING #: _____ ACCT#: _____

SIGNATURE: _____ DATE: _____

2. Members WITH Electronic Funds Transfers (EFTs) for dues:

I/We give Sport & Wellness, LLC authorization to collect payment for camp balances from the same account used for collecting dues payments. This payment will also be debited on the first of the month.

SIGNATURE: _____ DATE: _____

I understand that the above account will be debited if the camp balance due for that month is not paid by the 20th of the previous month.

Total Camp Sessions: _____

AM Sessions: _____

PM Sessions: _____

Deposit: _____

Sibling Discount: Yes No

Balance Due: _____

Staff Initials: _____

Payment Debit Dates with Amounts Due:

June 1st \$ _____ July 1st \$ _____ August 1st \$ _____
(Sessions 1 & 2) (Sessions 3, 4, 5, & 6) (Sessions 7 & 8)

2009 SPORT & WELLNESS CAMP

CAMPER'S NAME/NAMES: _____

Total Balance Due: _____

Payment Debit Dates with Amounts Due:

June 1st \$ _____ July 1st \$ _____ August 1st \$ _____
(Sessions 1 & 2) (Sessions 3, 4, 5, & 6) (Sessions 7 & 8)