



## SUMMER DAY CAMP 2021 – PREAUTHORIZED PAYMENT FORM

By the present, I authorize La Corporation du Centre du Sablon to charge my credit card on the date indicated with the amount marked below until I decide to cancel the present authorisation. I will inform Centre du Sablon of all changes regarding my credit card information above before the deadline of the next payment.

**AN ADMINISTRATIVE FEE OF \$50 FOR EACH WEEK AND ANNUAL MEMBERSHIP OF \$19.50 WILL BE CHARGED UPON REGISTRATION FOR EACH CHILD. Please note that the \$50 administration fee is included in the weekly cost of the day camp; i.e. \$185 (\$185 - \$50 = \$135) or \$280 (\$280 - \$50 = \$230)**

DATE OF REGISTRATION \_\_\_\_\_ with an amount charged of \$ \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Wk. 1 - June 28, 2021</b> Amount: \$ _____ | <input type="checkbox"/> <b>Wk. 6 - August 2, 2021</b> Amount: \$ _____  |
| <input type="checkbox"/> <b>Wk. 2 - July 5, 2021</b> Amount: \$ _____  | <input type="checkbox"/> <b>Wk. 7 - August 9, 2021</b> Amount: \$ _____  |
| <input type="checkbox"/> <b>Wk. 3 - July 12, 2021</b> Amount: \$ _____ | <input type="checkbox"/> <b>Wk. 8 - August 16, 2021</b> Amount: \$ _____ |
| <input type="checkbox"/> <b>Wk. 4 - July 19, 2021</b> Amount: \$ _____ | <input type="checkbox"/> <b>Wk. 9 - August 23, 2021</b> Amount: \$ _____ |
| <input type="checkbox"/> <b>Wk. 5 - July 26, 2021</b> Amount: \$ _____ |  |

I will use the following credit card:     Visa     MasterCard

Card number: \_\_\_\_\_

Expiration date (MM/YY): \_\_\_\_\_    CCV2 - 3-digit number (back of the card): \_\_\_\_\_

1. Child's name : \_\_\_\_\_
2. Child's name : \_\_\_\_\_
3. Child's name : \_\_\_\_\_

**PAYER IDENTIFICATION (Print)**

**#Ludik :** \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SEE REGISTRATION FORM FOR CANCELLATION / REFUND POLICY**