



SUMMER DAY CAMP 2022 – 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/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.

DATE OF REGISTRATION _____ AMOUNT PAID \$ _____

- | | |
|---|---|
| <input type="checkbox"/> Wk. 1 - June 27, 2022 Balance: \$ _____ | <input type="checkbox"/> Wk. 6 - August 1st, 2022 Balance: \$ _____ |
| <input type="checkbox"/> Wk. 2 - July 4, 2022 Balance: \$ _____ | <input type="checkbox"/> Wk. 7 - August 8, 2022 Balance: \$ _____ |
| <input type="checkbox"/> Wk. 3 - July 11, 2022 Balance: \$ _____ | <input type="checkbox"/> Wk. 8 - August 15, 2022 Balance: \$ _____ |
| <input type="checkbox"/> Wk. 4 - July 18, 2022 Balance: \$ _____ | <input type="checkbox"/> Wk. 9 - August 22, 2022 Balance: \$ _____ |
| <input type="checkbox"/> Wk. 5 - July 25, 2022 Balance: \$ _____ | |

I will use the following credit card: Visa MasterCard

Card number: _____

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

- Child's name : _____
- Child's name : _____
- 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