



SUMMER DAY CAMP 2024 – 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 25, 2024 Balance: \$ _____ | <input type="checkbox"/> Wk. 6 – July 29, 2024 Balance: \$ _____ |
| <input type="checkbox"/> Wk. 2 - July 1, 2024 Balance: \$ _____ | <input type="checkbox"/> Wk. 7 - August 5, 2024 Balance: \$ _____ |
| <input type="checkbox"/> Wk. 3 - July 8, 2024 Balance: \$ _____ | <input type="checkbox"/> Wk. 8 - August 12, 2024 Balance: \$ _____ |
| <input type="checkbox"/> Wk. 4 - July 15, 2024 Balance: \$ _____ | <input type="checkbox"/> Wk. 9 - August 19, 2024 Balance: \$ _____ |
| <input type="checkbox"/> Wk. 5 - July 24, 2024 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: _____		Date of birth (YYYY-MM-DD): _____	
Signature: _____		Date: _____	

PLEASE SEE REGISTRATION FORM FOR CANCELLATION / REFUND POLICY