

Where Happiness is Taking Off



THE ETTENBERG FAMILY OWNER/DIRECTORS SINCE 1968

CAMP SHANE

SUMMER: 302 HARRIS ROAD, FERNDALE, NY 12734 (845) 292-4644
WINTER: 134 TEATOWN ROAD, CROTON-ON-HUDSON, NY 10520 (914) 271-4141

CREDIT CARD AUTHORIZATION

PLEASE PRINT

DATE/...../.....

CAMPER NAME

ADDRESS CITY STATE ZIP

PHONE (.....)..... FAX (.....).....

VISA MASTER CARD NUMBER: _____ - _____ - _____ - _____

EXP DATE:..... NAME ON CARD

IF CARDHOLDER'S ADDRESS IS DIFFERENT THAN ABOVE:

ADDRESS CITY STATE ZIP

PHONE (.....)..... FAX (.....).....

This form authorizes Camp Shane to charge my account for the amount indicated. The above signed acknowledges that the terms, conditions and refund policies per the Contract of Enrollment apply, including that Camp Shane may charge the balance of the tuition due if the tuition is not timely paid as per the contract. The deposit and tuition balance paid after it is due are non-refundable and the charges may not be reversed under any conditions.

***If a third party is making the credit card payment (such as a non-parent):** Camp Shane requires a copy of the front and back of the credit card. The third party must sign this form, acknowledging as follows:

By signing below I authorize Camp Shane to charge my credit card for the deposit and I assume responsibility for payment of the entire balance for the above camper. I agree to the terms and conditions on the Camp Shane contract, including that Camp Shane may charge to this cardholder the balance of the tuition due if the tuition is not timely paid as per the contract.

I am making an additional payment on my balance due.

AMOUNT: \$ _____

Please add a 2%
SURCHARGE: \$ _____

TOTAL CHARGE: \$ _____

_____ Initial here to charge the final payment due (plus 2%) per payment schedule.

CARDHOLDER'S SIGNATURE: _____

Please mail or fax this form to our office.

Summer Fax (June – August): (845) 292-8636

Winter Fax (September - May): (914) 271-2103

CC Entered	Q Books