



## Summer Camp Payment Agreement

Camper Name \_\_\_\_\_  
First Last

### Payment Information

Card Holder Name \_\_\_\_\_

Billing Address \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

### Authorization for Automatic Payment

I hereby understand and authorize Portland Martial Arts & Fitness to deduct the full summer camp tuition payment from the above credit card on the second Friday prior to the first day of camp. I also understand that no refunds or credits will be given if I cancel my registration after I have been billed.

\_\_\_\_\_ \_\_\_\_\_  
 Card Holder Signature Date

*For office use only*

### Camp Weeks attended

Week #	Enrollment Paid	Field Trip Paid	Notes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			