



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 North Austin 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 | | | |
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| 9 | | | |
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