

CAMP PAYMENT PREFERENCE FORM

(Form must be submitted with Camp application)

Parent's first name: _____ Last name: _____
(please print)

Child's first name: _____ Last name: _____
(please print)

I would like to make the following arrangement for Camp payments:

Current JCC Members and Kid's Time Families may select a payment option or pay in advance.

____ Monthly payments: June, July & August. Due by the 10th of the month

____ Charge my credit card monthly (Please fill out credit card authorization form on reverse side)

____ Pay in full before the first day of Camp

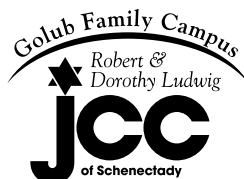
Non-Members

____ I am a Non-Member and understand that Camp fees must be paid in full before my child's first day of Camp.

Signature: _____ Date: _____

Membership Number (if applicable): _____

Other arrangements will be considered. Contact our Membership Director, David Lurie at 377-8803 ext. 236 for assistance.



2565 Balltown Rd. Niskayuna, NY 12309 518 377-8803
www.schenectadyjcc.org

CAMP CHAVERIM CREDIT CARD PAYMENT AUTHORIZATION FORM

(Please print)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Preferred Contact Number: _____ Additional phone number: _____

Credit Card Number: _____

Exp. Date: _____ Name on Card: _____

1) Child's first name: _____ Child's last name: _____

Monthly amount to be charged: _____

2) Child's first name: _____ Child's last name: _____

Monthly amount to be charged: _____

3) Child's first name: _____ Child's last name: _____

Monthly amount to be charged: _____

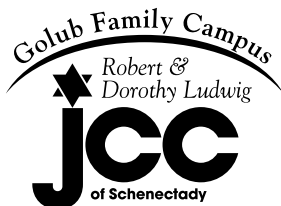
Your credit card will be charged between the 1st-10th of each month

Additional Notes: _____

I authorize the SJCC to charge my credit card each month for Camp fees:

Printed Name: _____ *Signature:* _____

Membership Number: _____



Robert and Dorothy Ludwig
Schenectady Jewish Community Center
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