



**Summer Camp - Payment Agreement**

Please print participant name(s) \_\_\_\_\_

Please print parent/guardian name \_\_\_\_\_

**REGISTRATION AGREEMENT**

Upon registration, I agree to make the following payments:

- ✓ By Thursday at 12 noon the up-coming Camp week's payment is due in full.
- ✓ I understand my child will not be able to attend Summer Camp if my account is not good standing at the end of each week.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**OPTION # 1**

I agree to store a credit/debit card number at the Hampshire Township Park District Office and have the card charged every **THURSDAY** for the up-coming Camp week.

VISA     MASTERCARD     DISCOVER

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_    Expiration Date: \_\_\_\_ / \_\_\_\_

CVV \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**OPTION # 2**

I agree to make payment in person by check/cash at the Park District Administration Office (182 S. State St.) by no later than 12 noon on Thursday of the up-coming Camp week. **NO CASH PAYMENTS MAY BE MADE AT THE DROP OFF/PICK UP TO THE STAFF.** There is a \$30.00 fee for checks returned for insufficient funds. After the second returned check, cash payments only will be accepted.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*