PARENT/GU	JARDIAN NAME:		
CONTACT PHONE#'s:1)2)			
EMAIL (Req	ı'd):		
CAMPER'S	NAME(S):		
CAMP'S NA	ME(S):		
READ YOU	record with doctor's signal Payment Plan Administra Suggested minimum initia Fees are payable by check PAYMENT PLAN DEADLIN on-line to complete. After Friday, June 13, 202 \$50/per camper. Payments after Friday, Juchecks will not be accepted You are responsible for fuinvolvement in domestic No refunds or cancellation.	ature or stamp, to the Parks tive Fee: \$25.00 (per family al payment is HALF YOUR TO k, cash or major credit card. NE: must be paid in full by Fig. 5, all incomplete Payment Fig. 13, 2025, must be made ed after this date. Ill payment of fees for your or personal issues regarding	Plans will be responsible for an additional fee of by cash, credit card or money order. Personal child(ren); policy prohibits office staff from g collection of fees from another party.
Payment # 1 DATE:	AMOUNT: \$	ADMIN FEE + \$25.00 =	Balance due \$
Payment #2 DATE:	AMOUNT: \$		Balance due \$
Payment #3 DATE:	AMOUNT: \$		Balance due \$
responsibility j reminder. I un additional ca n	for the completion of this po derstand that if not paid in np fees.	ayment agreement and will a full by Friday, June 13, 202	ovided for me to pay for summer camp. I take full make payments accordingly without notice or 25, I will also be responsible for any fee increase o
Parent/Guard	dian Signature (Required)	Date	