



Camp Wewannago Commitment Form Summer 2019



Please complete one form per camper.

Child's Name: _____ Primary Phone #: _____

Parent/Guardian Name: _____ Work Phone #: _____

Parent/Guardian Name: _____ Work Phone #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please circle your choice of days that your child will be attending
Camp Wewannago.

THIS IS A SET SCHEDULE. NO VARIATION.

Monday Tuesday Wednesday Thursday Friday

Please circle your choice of days that your child will be attending
Early Risers.

THIS IS A SET SCHEDULE. NO VARIATION.

Monday Tuesday Wednesday Thursday Friday

Please circle your choice of days that your child will be attending
Night Owls.

THIS IS A SET SCHEDULE. NO VARIATION.

Monday Tuesday Wednesday Thursday Friday

Your account will be billed each Monday for the following week and will charge your credit card on file.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY:

Date Entered: _____ Entered By: _____

New Lenox Community Park District's Camp Wewannago Financial Agreement and Credit Card Authorization Form Summer 2019

Please complete one form per household.

As your Camp Wewannago provider, we are excited to offer you the convenience of an automatic payment plan through **"ETS"**. Your payment will be safely and securely processed by **"ETS"** on a weekly basis, giving you the peace of mind that your payment for Camp Wewannago has been paid on time! It's easy to enroll and even easier to participate; please fill out the form below to get started!

Your payment will be processed on your credit card every Monday morning before business hours begin for the following week. This form will be destroyed after pertinent information is entered into the third party database.

Credit Card Authorization

I (we) authorize New Lenox Community Park District, (called **"NLCPD"** in this Authorization) to initiate debit entries to my (our) **Credit Card** indicated below. I (we) authorize **NLCPD** to withdraw sufficient funds to pay my (our) regular fees and/or other related fees that are due and payable. I (we) authorize **NLCPD** to use the third party sender, ETS to process all payments. I (we) acknowledge that the origination of debit transaction to my (our) credit card must comply with the provisions of United States Law.

Your Name (Please Print)

Phone Number

Child(ren) Attending (Please Print)

Email Address

Address

Credit Card Number

City, State & Zip

Expiration

3-Digit Code

Please Circle type of Credit Card Used:

Visa MasterCard Discover American Express

This authorization will remain in full force and effective until I (we) notify NLCPD in writing of its termination in such time and in such manner as to afford NLCPD a reasonable opportunity to act upon it. Notices must be received at a minimum of 15 business days in advance of the termination date.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY:

Date Entered: _____ Entered By: _____