



***For Payment of Child Care at Smokey Hollow Day Camp***

Amount \$ \_\_\_\_\_  By checking this box, I authorize my credit card to be kept on file and charged weekly to keep my account up to date Date \_\_\_\_\_

I authorize the above amount to be charged to my Visa/Master Card (We do not take American Express, nor Discover). This charge will show up on my monthly statement as SMOKEY HOLLOW CAMPGROUND.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Visa or Master Card (circle one)

Account #: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_

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Signature / Date

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Call 608-635-4805 \* E-mail: camp@smokeyhollowdaycamp.com