



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: ____/____ CVC code (3 digits): ____

Signature / Date

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