



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 _____

plus 3% Credit Card fee

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 or Discover (circle one)

Account #: _____

Exp. Date: ____/____ CVC Code (3 digits) _____

Signature / Date

W9935 McGowan Road, PO Box 18, Lodi, WI 53555

www.smokeyhollowdaycamp.com

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