



YMCA of Kingston and Ulster County
 507 Broadway
 Kingston, NY 12401
www.ymcaulster.org
 (845) 338-3810 Fax: (845) 338-4850

YMCA Camp Club

_____, 2012

I, _____, agree to the following payment arrangement to make payments towards my child/children's Camp Seewackamano/Camp Wiltmeet tuition.

| | | |
|----------------|----------------|----------------|
| Date: \$ _____ | Date: \$ _____ | Date: \$ _____ |
| Date: \$ _____ | Date: \$ _____ | Date: \$ _____ |
| Date: \$ _____ | Date: \$ _____ | Date: \$ _____ |
| Date: \$ _____ | Date: \$ _____ | Date: \$ _____ |
| Date: \$ _____ | Date: \$ _____ | Date: \$ _____ |
| Date: \$ _____ | Date: \$ _____ | Date: \$ _____ |
| Date: \$ _____ | Date: \$ _____ | Date: \$ _____ |
| Date: \$ _____ | Date: \$ _____ | Date: \$ _____ |

I will be making payments by Check/ Money Order _____ Credit Card _____

If paying by credit card the card will be automatically run on the dates listed above and by signing you give the YMCA permission to do so.

All payments made can be refunded in the event your child/children do not attend camp, in the event of a refund there will be a \$10.00 processing fee.

Credit Card number _____ Exp Date _____

Name on Card _____

Name printed _____

Name signed _____

Date _____

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

