

Please complete and sign this form and mail or fax it with your enrollment form if you would like to charge your deposit or other payment to your credit card. Please note: your **billing address** and **zip code** are required to complete your transaction.

### **ROUGHING IT DAY CAMP CREDIT CARD AUTHORIZATION**

Card type:     Visa             MasterCard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name (print): \_\_\_\_\_

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

Billing Zip Code: \_\_\_\_\_

Amount to Charge: \_\_\_\_\_

Camper Name(s): \_\_\_\_\_

\_\_\_\_\_

I authorize Roughing It Day Camp to charge my credit card as listed above for the amount shown.

Signature: \_\_\_\_\_ date: \_\_\_\_\_