CAMP VATRA

CREDIT CARD PAYMENT FORM

1) Select Payment Type: ☐ MasterCard ☐ VISA ☐ DISCOVER NETWORK

2) Card Number + "V" Number (last 3 digits after number on back of card) 3) Expiration Date:

_____ V# _____ _____

4) Name on Card _____

Card Billing Address _____

City–State–Zip Code _____

Phone # _____ Email _____

5) Payment Amount:

BEFORE DEADLINE ——— $550.00 registration fee X _____ students = $ _____

Seniors: June 11
Juniors: July 2

+ $ 27.50 (5% processing fee) X _____ students = $ _____

TOTAL = $ _____

AFTER DEADLINE ——— $600.00 registration fee X _____ students = $ _____

+ $ 30.00 (5% processing fee) X _____ students = $ _____

TOTAL = $ _____

I authorize ROEA/Camp Vatra to charge my credit card for the TOTAL amount shown above.

Signature _____ Date _____