



2012 Credit Card Payment Form

Camper(s) Name _____

I/We authorize Camp St Raphael to charge my credit card the following:

- Balance of camper tuition (\$250 by May 1 or \$275 after per camper)
- Airport Fee (\$10 per camper)

TOTAL AMOUNT TO BE CHARGED _____

Complete the follow as it appears on your card and your billing statement:

Mastercard/Visa/Discover (circle one)

NAME _____

CREDIT CARD NUMBER _____

CVC (three digits on the back of the card) _____ EXPIRATION DATE _____

BILLING ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

SIGNATURE _____

PRINT NAME _____

Mail this along with the completed Health Form and Transportation form to:

Camp St Raphael
c/o Gayle Malone
8615 Shannon Way
Wichita, Ks 67206