



# CAMP JCA SHALOM PAYMENT FORM

Date: \_\_\_ / \_\_\_ / \_\_\_

CAMPER(S)      NAME: \_\_\_\_\_ SESSION (S): \_\_\_\_\_  
                    NAME: \_\_\_\_\_ SESSION (S): \_\_\_\_\_  
                    NAME: \_\_\_\_\_ SESSION (S): \_\_\_\_\_

PARENT(S) NAME(S): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

TOTAL AMOUNT DUE FOR CAMPER(S): \$ \_\_\_\_\_

**Payment options:**

I would like to pay the full balance now.

**CHECK OR MONEY ORDER**  
Payable to "CAMP JCA SHALOM"

Enclosed is a check or money order for the full balance due.

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**CREDIT CARD INFORMATION**

MasterCard or Visa

Please charge my credit card for the full balance due.

\* All fees **MUST** be paid in **FULL** **PRIOR TO CAMPERS ARRIVAL.**

Please enter your credit card information below:

VISA or MASTERCARD #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXP DATE: \_\_\_ / \_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_