

Thanksgiving Camp
The Sports Club International Inc.
Tuition Agreement

Date _____

Name of Camp Participant _____

We wish to acknowledge the receipt of your \$ _____ deposit for the Sports Club International Junior/ Parent Thanksgiving Camp.

The balance of tuition is \$ _____ is due by check before **08/31/2022**.

100 % REFUND POLICY

Cancellation from the Sports Club International Ski Camp on or before August 1, will receive a 100% refund of the paid tuition.

Signed _____ Date _____
(Parent or legal guardian)

Please Print Name _____

SCI CREDIT CARD DEPOSIT AUTHORIZATION

CAMPER NAME

DATE__

CHARGES I APPROVE TO BE BILLED OR GUARANTEED TO THE BELOW CREDIT CARD

_____ **\$500 DEPOSIT ONLY**

_____ **DEPOSIT NOW, BALANCE ON 9/1**

\$ _____ OTHER AMOUNT TO BE BILLED; (US FUNDS)

Please note- credit card payments are subject to a 4% processing fee.

****No processing fees apply to camp deposits.***

TYPE OF CREDIT CARD (circle) VISA

MASTERCARD

CARD HOLDER'S NAME: _____

CREDIT CARD NUMBER: _____

EXP DATE: _____

AVC CODE _____

CREDIT CARD BILLING ADDRESS: _____

STREET: _____

CITY: _____

PROVINCE/STATE: _____ POSTAL/ZIP CODE: _____

CONTACT EMAIL ADDRESS: _____

CONTACT PHONE NUMBER: _____

I hereby authorize the charges as described above to be charged to my credit card.

CARD HOLDER'S SIGNATURE:

DATE:
