

WINNEWALD DAY CAMP PAYMENT PLAN REQUEST

21 Cratetown Road
Lebanon, NJ 08833
winneday@ptd.net

Phone: (908) 735-8336/8335 - fax: (908) 730-7196

TERMS:

I agree to pay Winnewald Day Camp weekly, bi-weekly or monthly as stated below. Payment in full is due prior to the end of your child's (children's) camp enrollment.

If payment by check or cash is not received by the specified date(s) below, your credit card will be charged the amount due; a 3 percent convenience fee will be added to all credit card transactions. Payment plan requests will not be processed without a valid credit card on file.

If there are multiple payers, each must complete one of these forms and submit to Winnewald.

Credit Card Information:

Number _____ Expiration Date _____

Security Code _____ Billing Zip Code _____

Total amount due: _____

Payment period/date of payment – complete schedule below:

Weekly amount _____ Payment Date _____

Bi-weekly amount _____ Payment Date _____

Monthly amount _____ Payment Date _____

Completion date: _____

Typed/printed name of payer: _____

Signature _____ Date _____

Accepted by Winnewald

Signature _____ Date _____