

**WINNEWALD DAY CAMP PAYMENT PLAN REQUEST**

21 Cratetown Road  
Lebanon, NJ 08833  
[winneday@ptd.net](mailto: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 \_\_\_\_\_