

Date: _____

Name of Camper(s): _____

I will be paying via
(check one:)

CASH(in bag, keep receipts)

CARD (info below, run Friday)

CREDIT/DEBIT CARD INFORMATION:

Card Number: _____

Expiration Date: _____

Name on Card: _____

Security Code: _____

Type of Card: Visa Mastercard Discover American Express

Billing Zip Code: _____

RESTRICTIONS:

My child has no restrictions

My child has restrictions (see below)

Please list known food allergies: _____

Restrictions: in the space below please list below any restrictions on your child's spending. These can be items such as a dollar spending limit per day or how many snacks/drinks they are allowed to have per day, whether or not they can buy ice cream, etc. The more specific the better.

FOR XL STAFF ONLY:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday: