



SOUTHERN DISTRICT YMCA/CAMP LINCOLN, INC.
P.O. BOX 729, 67 BALL ROAD
KINGSTON, NH 03848
www.ymcacampincoln.org
Telephone # (603) 642-3361 Fax # (603) 642-4340

Credit Card Authorization

Program, Deposit, and Refund Policy-

I understand that all registration fees and deposits are non-refundable and non-transferable and fees of campers who leave Camp for behavioral reasons will not be refunded. I also understand that all cancellations, other than verifiable medical reasons, require a 30-day written notice stating reasons for withdrawal. After proper notification, tuition refunds or credits on outstanding balances will be made minus the \$50 per week deposit. I will comply with all payments, cancellation, refund and program policies as described in the Summer Camps brochure or on the Camp website (www.ymcacampincoln.org).

Camper Name: _____

Please charge \$_____.00 to my ____ Visa ____ Mastercard

The account number is: _____

Expiration Date: _____

Name on Card: _____

Signature: _____ Date: _____

Required Billing Address: (if different from Camper address)

Street: _____

City: _____ State: _____ Zip: _____